

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 616348

Entity Name: CHRISTOM, INC.

FILED  
Apr 18, 2007  
Secretary of State

## Current Principal Place of Business:

2115 NE 37 DR  
124  
FORT LAUDERDALE, FL 33308 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 460087  
FT LAUDERDALE, FL 33346 US

## New Mailing Address:

2115 NE 37 DRIVE  
124  
FT LAUDERDALE, FL 33308 US

FEI Number: 65-0060459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TOMASELLI, CHRISTINA  
2115 NE 37 DR 124  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete  
Name: TOMASELLI, ANTHONY J, .  
Address: 2115 NE 37 DR 124  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: V ( ) Delete  
Name: TOMASELLI, CHRISTINA,  
Address: 2115 NE 37 DR 124  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: TOMASELLI, ANTHONY  
Address: 2330 PIERCE ST  
City-St-Zip: HOLLYWOOD, FL 33020

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA TOMASELLI

VP

04/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date