

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006390

FILED
Apr 17, 2007
Secretary of State

Entity Name: SEGREST, INC.

Current Principal Place of Business:

C/O MERIWETHER CAPITAL CORPORATION
30 ROCKEFELLER PLAZA, STE. 5432
NEW YORK, NY 10112

New Principal Place of Business:

Current Mailing Address:

C/O MERIWETHER CAPITAL CORPORATION
30 ROCKEFELLER PLAZA, STE. 5432
NEW YORK, NY 10112

New Mailing Address:

FEI Number: 13-4226185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: O'NEILL, GEORGE D JR
Address: 30 ROCKEFELLER PLAZA, STE. 5432
City-St-Zip: NEW YORK, NY 101120245

Title: DP () Delete
Name: SEGREST, ELWYN
Address: 6180 BIG BEND ROAD
City-St-Zip: GIBSONTON, FL 33534

Title: DV () Delete
Name: BRAMLETT, JACK
Address: 6180 BIG BEND ROAD
City-St-Zip: GIBSONTON, FL 33534

Title: DVPT () Delete
Name: PETIT, ROBERT W
Address: 30 ROCKEFELLER PLAZA, STE. 5432
City-St-Zip: NEW YORK, NY 101120245

Title: D () Delete
Name: NASH, CLAUDE
Address: 30 ROCKEFELLER PLAZA, STE. 5432
City-St-Zip: NEW YORK, NY 10112

Title: DC () Delete
Name: O'NEILL, GEORGE D
Address: 30 ROCKEFELLER PLAZA, STE. 5432
City-St-Zip: NEW YORK, NY 10112

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:

Title: () Change () Addition
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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: KEVIN JORDAN

CFO

04/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date