


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90086 003 \*\*\*150.00

DOCUMENT # F98000007049			
1. Entity Name DAVID VAUGHAN INVESTMENTS, INC.			
Principal Place of Business 5823 N. FOREST PARK DR. PEORIA, IL 61614		Mailing Address 5823 N. FOREST PARK DR. PEORIA, IL 61614	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VAUGHAN, JO 8754 LAKE TIBET CT. CYPRESS POINT ORLANDO, FL 32836		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT VAUGHAN, DAVID 5823 N. FOREST PARK DR. PEORIA, IL 61614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DAVID J. VAUGHAN, JR. 8754 LAKE TIBET CT, CYPRESS POINT ORLANDO, FL 32836 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, LAWRENCE IV 5823 N. FOREST PARK DR. PEORIA, IL 61614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, BRIAN 5823 N. FOREST PARK DR. PEORIA, IL 61614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAUGHAN, ANNE 5823 N. FOREST PARK DR. PEORIA, IL 61614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMARJESSE, PATRICK 5823 N FOREST PARK DR PEORIA, IL 61614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, JO 8754 LAKE TIBET CT ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>James D. Sinclair</i>		James D. Sinclair Treasurer 3-15-07 309-685-0033	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

# ATTACHMENT

**Additions:**

60024774  
#F98000007049

VP  
TODD SHERIDAN  
5823 N FOREST PARK DR  
PEORIA, IL 61614

T  
JAMES SINCLAIR  
5823 N FOREST PARK DR  
PEORIA, IL 61614

DS  
JULIA RODGERS  
592 NORTH HOPE AVENUE  
SANTA BARBARA, CA 93110

D  
MELISSA GARRIGAN  
12419 FOREST GLEN BOULEVARD  
PALOS PARK, IL 60464