

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H88670

Entity Name: MEADOWVIEW CORP.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

2600 W BLACK DIAMOND CR
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10,000
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

P.O. BOX 2050
LECANTO, FL 34460 US

FEI Number: 59-2642260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK A. STILLWELL, LLC
BANK OF INVERNESS BUILDING
320 HIGHWAY 41 SOUTH
INVERNESS, FL 34450 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: P () Delete
Name: OLSEN, STANLEY C
Address: 2600 W BLACK DIAMOND CR
City-St-Zip: LECANTO, FL 34461

Title: VT () Delete
Name: OLSEN, ELIZABETH M.
Address: 2600 W BLACK DIAMOND CR
City-St-Zip: LECANTO, FL 34461

Title: S () Delete
Name: TAYLOR, MARINA
Address: 2600 W BLACK DIAMOND CR
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VT (X) Change () Addition
Name: OLSEN, ELIZABETH M
Address: 2600 W BLACK DIAMOND CR
City-St-Zip: LECANTO, FL 34461

Title: S (X) Change () Addition
Name: TAYLOR, MARINA C
Address: 2600 W BLACK DIAMOND CR
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify 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: MARINA C. TAYLOR

S

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date