


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90134 043 \*\*\*\*61.25

|  |  |  |   |
|--|--|--|---|
| DOCUMENT # N03000004768  |  |                             |   |
| 1. Entity Name<br>SUZUKI STRINGS, INC.   |  |  |   |
| Principal Place of Business<br>29249 WILPAYNE RD.<br>BROOKSVILLE, FL 34602 US  |  | Mailing Address<br>29249 WILPAYNE RD.<br>BROOKSVILLE, FL 34602   |   |
| 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  |   |
| BROWN, RUTH<br>29249 WILPAYNE RD.<br>BROOKSVILLE, FL 34602   |  | Name   |   |
|  |  | Street Address (P.O. Box Number is Not Acceptable)   |   |
|  |  | City   |   |
|  |  | FL   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| Make check payable to Florida Department of State  |  |  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>BROWN, RUTH<br>29249 WILPAYNE RD<br>BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SECR<br>MORALES, FE<br>13719 RUDI LOOP<br>SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>MURRIN, KEN<br>4543 MARINER BLVD<br>SPRING HILL, FL 34609 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>JOHNSON, VICTORIA<br>6024 CASSON ST<br>BROOKSVILLE, FL 34604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SECR<br>IMPRESO, IRENE<br>4472 SECRETARIAT RUN<br>SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>EDWARDS, LOUNETT<br>27037 COUNTRY OAK DR<br>BROOKSVILLE, FL 34602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>NICOLAI, KAREN<br>4287 BELAIRE DR<br>SPRING HILL, FL 34607 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>STEINKAMP, LISA<br>126 MT. FAIR AVE<br>BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HINTON, ADELAIDE<br>4371 HUNTERS PASS<br>SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ZEE, ELLEN<br>10480 RAMBLE RIDGE CT.<br>BROOKSVILLE, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BROWN, CARL<br>29249 WILPAYNE RD.<br>BROOKSVILLE, FL 34602 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input 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 617, 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>Victoria Johnson</i> (VICTORIA JOHNSON)  |  | 3/27/07 352-796-0395   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date Daytime Phone #</small>  |   |