## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

JAL KEPUK I	
0014077 DOWS, INC.	
Mailing Address	
1018 FLORANADA RD. Ft. Lauderdale, Fl. 33334	
	DOWS, INC.  Mailing Address  1018 FLORANADA RD.

## 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1092314 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETERSON, JAN DO NOT WRITE 1018 FLORANADA RD. FT. LAUDERDALE, FL 33334 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May 8e Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PETERSON, JAN NAME STREET ADDRESS 1018 FLORANADA RD. CITY-ST-7IP FT. LAUDERDALE, FL 33334 TITLE U00000757164 05/23/07-80058-024 158.75 NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 61 other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

MANADARE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (954)938-500