


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 024 ***150.00

DOCUMENT # P06000132176			
1. Entity Name STATESIDE NEWS, INC			
Principal Place of Business 8333 W. MCNAB ROAD 127 TAMARAC FL 33321		Mailing Address 8333 W. MCNAB ROAD 127 TAMARAC FL 33321	
2. Principal Place of Business - No P.O. Box # 251 Crandon Blvd		3. Mailing Address	
Suite, Apt. #, etc. Apt 1134		Suite, Apt. #, etc.	
City & State Key Biscayne, FL		City & State	
Zip 33149	Country USA	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 20-5723773		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, PAUL 8333 W. MCNAB ROAD 127 TAMARAC FL 33321		7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paul Henderson 2/3/07 3059651014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #