


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000109109 1. Entity Name LIBERATOR CORP.	
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Principal Place of Business 3233 SE MARICAMP RD SUITE 601 OCALA, FL 34471	Mailing Address P.O. BOX 1476 OCALA, FL 34478-1476
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3485273	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

LEEWARD, DIRK J
 3233 SE MARICAMP RD
 SUITE 601
 OCALA, FL 34471

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME	PDT LEEWARD, DIRK J
STREET ADDRESS CITY - ST - ZIP	PO BOX 1476 OCALA, FL 344781476
TITLE NAME	SVP LEEWARD, JAMES K
STREET ADDRESS CITY - ST - ZIP	1930 CLATTER BRIDGE RD OCALA, FL 34471
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	

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04/05/07-80015-022 150.00

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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: *BY: [Signature] PRES* 3/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #