## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 14, 2007 08:00 AM **DOCUMENT # P05000100550** Secretary of State **OUR RENDEZVOUS INC.** Principal Place of Business Mailing Address 624 DOLPHIN RD. 624 DOLPHIN RD. WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 02272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 06-1751596 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STILLWELL, ROBERT T. DO NOT WRITE 624 DOLPHIN RD. WINTER SPRINGS, FL 32708 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recisioned Accest alconstrue required when estructation) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE STILLWELL, ROBERT T. NAME STREET ADDRESS 624 DOLPHIN RD. CTTY-57-27P WINTER SPRINGS, FL. 32708 U00000763996 TITLE 05/30/07-80038-003 150.nn MALIF STILLWELL, YVONNE T. STREET ADDRESS 624 DOLPHIN RD. CITY-ST-ZIP WINTER SPRINGS, FL 32708 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7/P 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 ceth; 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

SIGNATURE: Solved Stellined april 25, 2007

NAME STREET ADDRESS CITY-ST-ZIP