2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 12, 2007 08:00 AM Secretary of State DOCUMENT # P03000057133 1. Entity Name FORD, INC. Principal Place of Business Mailing Address 4434 E ARLINGTON ST BLDG 9 4434 E ARLINGTON ST BLDG 9 INVERNESS, FL 34453 INVERNESS, FL 34453 07032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2380276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOOTH, HORACE DO NOT WRITE 4434 E ARLINGTON ST BLDG 9 INVERNESS, FL 34453 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE NAME BOOTH, HORACE STREET ADDRESS 4434 E ARLINGTON ST BLDG 9 INVERNESS, FL 34453 CRY-ST-ZIP TITLE U00000768464 NAME 07/12/07-80009-014 550.00 STREET ADDRESS CITY-ST-ZIP TETLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CATY - ST - ZIP NAME STREET ADDRESS

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.

SIGNATUR

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROMISED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-07

(362)344-8707 Daydane Prione #

FILED