- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # 150723** SIXTH STREET CORPORATION 97 MAY 30 AM 5: 30 Principal Place of Business Mailing Address 116 N W 11 AVENUE 116 N W 11 AVENUE FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-0573267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, ELIZABETH H DO NOT WRITE 116 N W 11 AVENUE FT. LAUDERDALE, FL 33311 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITI F HILL, JOHN H III NAME STREET AODRESS 116 N W 11 AVENUE **400104045604** 06/07/07--01002--002 **200.00 FT. LAUDERDALE, FL 33311 CITY-ST-ZIP VΡ TITLE ELIZABETH, HILL NAME STREET ADDRESS 116 N W 11 AVENUE CITY-ST-ZIP FT LAUDERDALE, FL 33311 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby confly 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 affect as if made under oath; that I am an officer or director of the conforation or the (see ever 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 attachine of the conforation or an attachine of the conforation of the conformation in the conformation of the conformation

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

NTED N ME OF SIGNING OFFICER OR DIRECTOR

5-10-07

954)467 -7495 Date Davume Phone •