2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 01, 2007 08:00 AM DOCUMENT # 502538 Secretary of State 1. Entity Namo A-PENNY CORPORATION Mailing Address Principal Place of Business HWY 95 A 411 MAYBERRY ST **CANTONMENT FL 32533 CANTONMENT FL 32533** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State 4. FEI Number Applied For City & State 59-1673524 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSENAU, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 411 MAYBERRY ST **CANTONMENT FL 32533** 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 acces the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ A. 1111 11111 Dolote ROSENAU, RICHARD E NAME NAM 411 MAYBERRY ST STREET ADDRESS STREET ADDRESS 02/07/07-80012-018 150.00 -CANTONMENT FL 32533 CITY ST ZIP CITY ST ZIP ☐ Change A. HILL Defete NAMI NAM SHELL ADDRESS STREET ADDRESS CHY SE ZE CRY SEZIP Chance Aziritin 1111 ☐ Dolele NAME STREET ADDRESS STREET ADDRESS CITY SEZIP CATY+ST ZIP TITLE ☐ Change Accession HITEF ☐ Delete NAME NAM STREET ADDRESS STREET ADDRESS CITY SE-ZIP CHY SI ZIP Delete 11111 ☐ Change □ A.' " NAMI SIRIFF ADDRESS SIDEFT ADDRESS CHY ST ZIP CHY-SI-7P ☐ A ."" ☐ Change ☐ Delete HILE HH NAM NAME SIRLLI ADDRESS SINCE LADORESS CITY ST-ZIP CITY-ST 7tP 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered

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