


2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 24 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NSC

DOCUMENT # 577446	
1. Entity Name EVERYTHING PARTY, INC.	

Principal Place of Business 1410 C-2 MARKET STREET TALLAHASSEE, FL 32312	Mailing Address 1410 C-2 MARKET STREET TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box # <i>3218 Yorktown Dr.</i>	3. Mailing Address <i>3218 Yorktown Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tallahassee, Fl.</i>	City & State <i>Tallahassee Fl.</i>
Zip <i>32312</i>	Zip <i>32312</i>
Country <i>Leon</i>	Country <i>Leon</i>



04242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WILLIAMS, J. TERRELL 3218 YORKTOWN DRIVE TALLAHASSEE, FL 32312	
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4. FEI Number 59-1832532	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fee	200099179882 04/27/07--01030--004 ***150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, FREDDY 3218 YORKTOWN DRIVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILLIAMS, J. TERRY 3218 YORKTOWN DRIVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Freddy N. Williams* 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #