2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 08, 2007 8:00 am Secretary of State **DOCUMENT #602222** 01-08-2007 90256 005 ***150.00 PEEBLES & GRACY, P.A. Principal Place of Business Mailing Address 826 BROADWAY 826 BROADWAY DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1294708 Not Applicable Country Zip Country Zip \$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 GRACY, G. ANDREW GRACY, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 826 BROADWAY DUNEDIN, FL 34698 826 BROADWAY Zip Code 34698 DUNEDIN City 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. G. Andrew Gracy Jan. 4, 2007 SIGNATURE: (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registrated agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. XXX_{elete} ☐ Addition TITLE TITLE **C**Change PTSD GRACY, GREGORY D NAME NAME GRACY, G. ANDREW STREET ADDRESS 826 BROADWAY 826 BŔOADWAY STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP DUNEDIN, FL XIX Xelete TSD TITLE Change ☐ Addition TITLE GRACY: GREGORY D. 826 BROADWAY NAME GRACY, GREGORY D NAME 826 BROADWAY STREET ADDRESS STREET ADDRESS DUNEDIN, DL 34698 CITY-ST-ZIP CITY-ST-ZIP DUNEDIN, FL 34698 ☐ Addition XXX Xelete TITLE ☐ Change GRACY, ANDREW G NAME NAME STREET ADDRESS 826 BROADWAY STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 additional statutes.

Gregory D. Gracy

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2007

Date

(727) 736-1411

Daytime Phone #

FILED