2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90013 041 ***150.00

DOCUMENT # 626982

1. Entity Name
JIM DREHER, INC.

Principal Place of Business
123 E TARPON AVE
TARPON SPRINGS, FL 34689 US

Mailing Address
123 E TARPON AVE
TARPON SPRINGS, FL 34689 US

2. Principal Place of Business - No P.O. Box #
3119 Bluff Blvd

Suite, Apt. #, etc.

3. Mailing Address
PO. Box 1102

Suite, Apt. #, etc.

05122007 Chg-P CR2E034 (12/06)

City & State: Holiday, Fl
Zip: 36969 Country: USA

City & State: Tarpon Springs Fl
Zip: 34688 Country: USA

4. FEI Number: 59-2062390 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DREHER, JAMES
3119 BLUFF BLAD
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent

Name: James Dreher
Street Address (P.O. Box Number is Not Acceptable): 3119 Bluff Blvd
City: Holiday, Fl FL Zip Code: 34691

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: _____ DATE: 5/11/07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Signature must be in ink or black or blue ink.

FILE NOW!!! FEE IS $150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees.

In accordance with s. 607.193(2)(b), F.S. the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	DREHER, JAMES	
STREET ADDRESS	3119 BLUFF BLVD.	
CITY-ST-ZIP	HOLIDAY, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 it 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: _____ James Dreher 5/11/07 727-992-8482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #