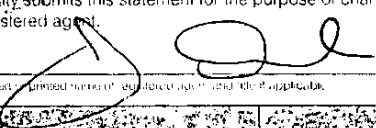
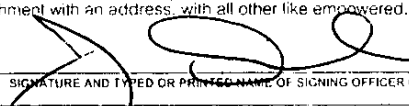


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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.			
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				05122007 Chg-P CR2E034 (12/06)	
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 BLVD Bluff Blvd City HOLIDAY, FL Zip Code 34691		
8. I, the above named entity, submit 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					
FILE NOW!!! FEE IS \$150.00 Due by: September 14, 2007 9. Election Campaign Financing Fee \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DREHER, JAMES 3119 BLUFF BLVD. HOLIDAY, FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ 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:  James Dreher 5/11/07 727-992-8482 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					