2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# 739983

Entity Name: FRICTION, INCORPORATED

Current Principal Place of Business:

559 DR MM BETHUNE BL
#4
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

559 DR MM BETHUNE BL
#4
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-2205866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUTLER, PAT A
559 DR MM BETHUNE BL
#4
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BUTLER, PAT	
Address:	559 DR MM BETHUNE BL	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	BELLE, DELORES	
Address:	1093 MARGARET DR	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	WHITE, DOROTHA	
Address:	1412 CADILAC DR.	
City-St-Zip:	DAYTONA BEACH, FL	
Title:	V	( ) Delete
Name:	GORDON, MARGO	
Address:	314 ORANGE AVE	
City-St-Zip:	DELAND, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUTLER, PAT P 05/01/2007

Electronic Signature of Signing Officer or Director — Date