


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90179 043 ****70.00

DOCUMENT # 744450	
1. Entity Name 1492, INC.	

Principal Place of Business 6578 NW 13TH COURT PLANTATION FL 33313	Mailing Address 6578 NW 13TH COURT PLANTATION FL 33313
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1907510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAY, WILLIAM J. ONE BISCAYNE TOWER, SUITE 2500 MIAMI FL 33131
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7. Name and Address of New Registered Agent Name <u>WILLIAM BENSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>6578 N.W. 13th COURT</u> City <u>PLANTATION</u> <u>FL</u> Zip Code <u>33313</u>
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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 <u><i>William J. Benson</i></u> DATE <u>3/05/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHECKTON, JOHN 6578 NW 13 CT FORT LAUDERDALE FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, FRED 6578 NW 13TH CT PLANTATION FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI LEO, JOSEPH 6578 NW 13TH COURT PLANTATION FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEIL, JOHN 6578 NW 13TH COURT PLANTATION FL 33313 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARICO, SAM 6578 NW 13TH CT. PLANTATION FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, JOHN 6578 NW 13TH COURT PLANTATION FL 33313 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPARERI, ROCCO J. 6578 NW 13 COURT PLANTATION FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: <u>ROCCO J. CAMPARERI</u> <u><i>Rocco Campareri</i></u> <u>4-16-07</u> <u>954-583-6645</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>