
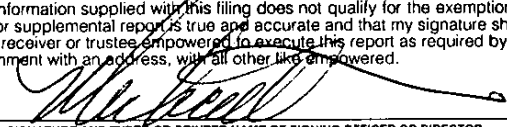


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 029 ****61.25

| | | | | | |
|--|----------------------------|--|---|--|--|
| DOCUMENT # 751700 1. Entity Name SEVENTIETH SOMERSET PLACE, INC. | | | |  | |
| Principal Place of Business 1300-1616 70TH ST., NO. ST PETERSBURG, FL 33710 US | | | Mailing Address P.O. BOX 41383 ST. PETERSBURG, FL 33743-1383 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2587643 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| OVITT, MICHAEL PRES. 801 LIVE OAK AVENUE NE SAINT PETERSBURG, FL 33703 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OVITT, MICHAEL | | NAME | | |
| STREET ADDRESS | 801 LIVE OAK AVE NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33703 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OLSWOLD, SCOTT | | NAME | | |
| STREET ADDRESS | 1492 70TH ST N | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETE, FL 33710 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KEYE, BETTY | | NAME | | |
| STREET ADDRESS | 1370 70 ST N | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33710 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | Treasurer | |
| STREET ADDRESS | | | STREET ADDRESS | Mary Lou | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 1408-70th Street No. | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | St. Petersburg, FL 33710 | |
| NAME | | | NAME | V. President | |
| STREET ADDRESS | | | STREET ADDRESS | Patricia Layton | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 1586-70th Street No | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | St. Petersburg, FL 33710 | |
| 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 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: X  | | | 3-26-07 727-299-9555 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

Floris

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