

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834277

FILED
Apr 06, 2007
Secretary of State

Entity Name: MEDUSA IMPORTS, INC.

Current Principal Place of Business:

5455 W. WATERS AVE.
SUITE 215
TAMPA, FL 33634 US

New Principal Place of Business:

7502 TROVITA RD.
LAND O LAKES, FL 34637 US

Current Mailing Address:

7502 TROVITA RD
LAND O LAKES, FL 34637 US

New Mailing Address:

FEI Number: 59-1591532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, DALE
5455 W. WATERS AVE.
SUITE 215
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

SANDERS, DALE
7502 TROVITA RD
LAND O LAKES, FL 34637 US

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:

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERS, D. M.,
Address: 5455 W. WATERS AVE. SUITE 215
City-St-Zip: TAMPA, FL

Title: V () Delete
Name: JENKINS, H.M.,
Address: 5412 LYKES LANE
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: SANDERS, D.M.,
Address: 5455 W. WATER AVE. SUITE 215
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SANDERS, D M,
Address: 5455 W. WATERS AVE. SUITE 215
City-St-Zip: TAMPA, FL 00000,

Title: D () Delete
Name: JENKINS, H.M.,
Address: 5412 LYKES LANE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANDERS, D. M.,
Address: 7502 TROVITA RD
City-St-Zip: LAND O LAKES, FL 34637

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

Title: T (X) Change () Addition
Name: SANDERS, D.M.,
Address: 7502 TROVITA RD
City-St-Zip: LAND O LAKES, FL 34637

Title: D (X) Change () Addition
Name: SANDERS, D M,
Address: 7502 TROVITA RD
City-St-Zip: LAND O LAKES, FL 34637

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE SANDERS

PRES

04/06/2007

Electronic Signature of Signing Officer or Director

Date