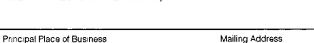
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000002258 MIDSTATES CONVERTING, INC.

FILED Apr 09, 2007 08:00 A Secretary of State



10119 CROSS GREEN WAY JACKSONVILLE, FL 32256



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01302007

Applied For 4. FEI Number 31-1667433 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

8. Name and Address of Current Registered Agent

NOGALSKI, JENNIFER A 5801 PELICAN BAY BLVD. STE. 300 NAPLES, FL 34108-2709

SIGNATURE:

8047 HUNTERS RIDGE DRIVE WEST CHESTER, OH 45069

DO NOT WRITE IN THIS SPACE

		t				
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 am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DP RINDFLEISCH, DONALD L 10119 CROSS GREEN WAY JACKSONVILLE, FL 32256				U00000697246 04/18/07-80033-004 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RINDFLEISCH, KAREN 10119 CROSS GREEN WAY JACKSONVILLE, FL 32256					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-SI-ZIP			ı.			
TITLE MAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling coes not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 cirector of the corporation or the receiver or truetee 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 audress, with all other like empowered.						

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR