

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003065

Entity Name: INSTAMATION, INC.

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

4956 LONG BEACH ROAD SE, SUITE 14, PMB 150
SOUTHPORT, NC 28461

New Principal Place of Business:

Current Mailing Address:

4956 LONG BEACH ROAD SE, SUITE 14, PMB 150
SOUTHPORT, NC 28461

New Mailing Address:

FEI Number: 16-1172038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, EILEEN
239 NW TOSCANO TRAIL
PORT ST. LUCIE, FL 34986 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHTER, THOMAS
Address: 4956 LONG BEACH ROAD SE, SUITE 14, PMB 150
City-St-Zip: SOUTHPORT, NC 28461

Title: S () Delete
Name: ECHTER, MARJORIE
Address: 4956 LONG BEACH ROAD SE, SUITE 14, PMB 150
City-St-Zip: SOUTHPORT, NC 28461

Title: T () Delete
Name: SCHROEDER, JACK A
Address: 4956 LONG BEACH ROAD SE, SUITE 14, PMB 150
City-St-Zip: SOUTHPORT, NC 28461

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:

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: THOMAS H. ECHTER

PRES

01/17/2007

Electronic Signature of Signing Officer or Director

Date