


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90092 005 \*\*\*150.00

<b>DOCUMENT # F06000003435</b> 1. Entity Name <b>COMPETITION ERECTING, INCORPORATED</b>																																																																																																																																			
Principal Place of Business <b>6722 W. SHANNON ST CHANDLER, AZ 85226</b>				Mailing Address <b>6722 W. SHANNON ST CHANDLER, AZ 85226</b>																																																																																																																															
2. Principal Place of Business - No P.O. Box # <b>449 S. 48th ST.</b>		3. Mailing Address 																																																																																																																																	
Suite, Apt. #, etc. <b>SUITE 107</b>		Suite, Apt. #, etc. 																																																																																																																																	
City & State <b>TEMPE, AZ</b>		City & State 		4. FEI Number <b>27-8880568 27-0080568</b>																																																																																																																															
Zip <b>85281</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent <b>AGENTS AND CORPORATION, INC. 773 4TH AVENUE SUITE E NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>AGENTS AND CORPORATIONS, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>773 4th AVENUE NORTH</b> <b>SUITE E</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34102</b>																																																																																																																															
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P <b>LOPEZ, DAVID</b> <input type="checkbox"/> Delete</td> <td style="width: 10%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"><b>LORD, DAVID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 10%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>LOPEZ, DAVID</b></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>LORD, DAVID</b></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>6722 W. 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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 607, 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.																																																																																																																																			
<b>SIGNATURE:</b> <u><i>David Lopez</i></u> <b>1-8-07</b> <b>480-940-1980</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																																																																																																																																			