2007 FOR PROFIT CORPORATION

Apr 26, 2007 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # F06000003485** 1. Entity Name EVANSCO, INC. Principal Place of Business Mailing Address 349 IDLEWYLD DR. 349 IDLEWYLD DR. FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 CR2E034 (11/05) 03202007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0429756 Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANGELISTI, MICHAEL DO NOT WRITE 349 IDLEWYLD DR. FT. LAUDERDALE, FL. 33301 IN THIS SPACE 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 ag Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PVST** TITLE EVANGELISTI, MICHAEL NAME 349 IDLEWYLD DR. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 U00000733373 05/09/07-80085-0n1 150.An TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$1-2IP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 addirect, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED