2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004923

Entity Name: OUR M.A.P.S., INC.

FILED Mar 07, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4125 MAIN WAITSFIE	NST. ELD, VT 05673	3			
Current M	lailing Addres	ss:	New Mailing Address:		
P.O. BOX WAITSFIE	726 ELD, VT 05673	3			
FEI Number	: 20-5031203	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
The above	SSEE, FL 323 named entity of Florida. RE:			ed office or registered agent, or both,	
Election Car		g Trust Fund Contribution ().	one	Bute	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP (HANS, PETER 2624 N. RD. WAITSFIELD,) Delete VT 05673	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MURPHY, LAW 1440 RIPLEY I WATERBURY,	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (MURPHY, BAR P.O. BOX 216 WARREN, VT		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: BARBARA MURPHY DS 03/07/2007