2007 FOR PROFIT CORPORATION -- ANNUAL REPORT

Jan 08, 2007 08:00 AM **DOCUMENT # F48979 Secretary of State** 1. Entity Name P. PEYTON, INC. Principal Place of Business Mailing Address 6170 HARBOR RD. 6170 HARBOR RD ROSE BAY, FL 32127 ROSE BAY, FL 32127 US No Chg-P 01042007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2134624 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PEYTON, PATRICK DO NOT WRITE 6170 HARBOR RD ROSE BAY, FL 32127 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 Fforida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if ecolicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE PEYTON, PATRICK NAME STREET ADDRESS 6170 HARBOR RD CITY-ST-ZIP ROSE BAY, FL U00000577247 01/08/07-80008-024 150.00 T(T) F OLIVE, JENNIFER NAME STREET ADDRESS 3659 WOODS WALK BLVD. CITY-ST-ZIP LAKEWORTH, FL 33467 TITLE SEC BAKER, PAMELA, P. NAME STREET ADDRESS 3659 WOODSWALK BLVD. DO NOT WRITE CITY-ST-7IP LAKEWORTH,, FL 33467 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 supplied enter a not 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 of 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 attachment with an attachment with an attachment with a status.

SIGNATURE:

CHATHER AND TYPED OR ROBITED HAVE OF BIOMBIG OFFICER OR DIRECTOR

1/3/07 386.547.2259

Daytime Phone #

FILED