•2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2007 08:00 AM Secretary of State

	ANNOAL	. KEFOKI		Socretary of State	
DOCUMENT # F57327 1. Entity Name FLORIDA TRAILS, INC.				Secretary of Stat	
Principal Place of Business Mailing Address 130 MADRID DRIVE 130 MADRID DRIVE SEBRING, FL 33876 US SEBRING, FL 33876		130 MADRID DRIVE	1.	- - 1 1884	
			1.5		
_	O NOT WRITE	IN THE CDA	CE	01022007 No Chg-P CR2E034 (11/05)	
L	OO NOT WRITE	IN I III SPA	CE	4. FEI Number Applied For 59-2145011 Not Applicable	
				5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			
ABLES, CLIFFORD M III 551 S COMMERCE STREET			,	DO NOT WRITE	
	,FL 33870			IN THIS SPACE	
• The share		. the managed above and the second	and all	ered agent, or both, in the State of Florida I am familiar with, and accept	
	itions of registered agent		réd Agent signaturé réquiréc	U00000580665	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees					
10.	OFFICERS AND	DIRECTORS			
NAME	ANNETT, BRIAN A				
STREET ADDRESS City-St-ZIP	109 SHARK STREET SEBRING, FL 33876				
TITLE NAME			1		
STREET ADDRESS					
CITY-ST-ZIP			_		
NAME STREET ADDRESS					
CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME				IN THIS SPACE	
STREET ADDRESS					
CITY-ST-ZIP			-		
NAME STREET ADDRESS			•		
CITY-ST-ZIP			,		
TITLE					

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 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 receive 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 tike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

363-655-6226

Daytime Phone #