2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 16, 2007 08:00 AM Secretary of State DOCUMENT # G46236 1. Entity Name EVANS/MICHAEL & ASSOCIATES, INC. Principal Place of Business Mailing Address 11197 SOUTH ORANGE BLOSSOM TRAIL 11197 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. CR2E034 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Number 59-2306713 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, HERMAN JR. Street Address (P.O. Box Number is Not Acceptable) 3417 GULFSTREAM ROAD ORLANDO FL 32805 Zip Code 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, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE mu U0000070771<u>2</u> EVANS, DEREK 12036 ERACUS STREET N4/24/07-80084-024 150.00 STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-SI-7IP CITY - ST-ZIP DILL ■ Addition Delete Change EVANS, III, HERMAN P NAME NAME 13828 TIMBERLAKE DR 202 STREET ADDRESS STREET ADDRESS ORLANDO FL 32824 CHY-ST-ZIP CITY - ST- ZIP VP HILE Delete HHE. Change Addition EVANS, RHONDA NAME NAME 3417 GULFSTREAM RD STREET ADDRESS STREET ADDRESS ORLANDO FL 32805 CITY-ST-7IP CITY-ST-709 Change ☐ Addition HILE TITLE Delete EVANS, JR., HERMAN NAME NAME 3417 GULFSTREAM ROAD STREET ADDRESS STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete ME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; that I am an efficier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; 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.

SIGNATURE:

04/11/07 (407)843-3314