

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67150

FILED
Apr 26, 2007
Secretary of State

Entity Name: CONAX FLORIDA CORPORATION

Current Principal Place of Business:

C/O ALVIN GUENTHARDT
2801 75TH STREET NORTH
ST. PETERSBURG, FL 33710 US

Current Mailing Address:

C/O ALVIN GUENTHARDT
2801 75TH STREET NORTH
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

C/O CHESTER J. CLAUDON
2801 75TH STREET NORTH
ST. PETERSBURG, FL 33710 US

New Mailing Address:

C/O CHESTER J. CLAUDON
2801 75TH STREET NORTH
ST. PETERSBURG, FL 33710 US

FEI Number: 06-1090689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERZIG, STEPHEN A
2801 75TH STREET NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GUENTHARDT, ALVIN D
Address: 6060 PASADENA POINT BLVD.
City-St-Zip: GULFPORT, FL 33707

Title: CFO () Delete
Name: LOSI, ROBERT
Address: 2486 STAG RUN
City-St-Zip: CLEARWATER, FL 33765

Title: VP () Delete
Name: FREDERICK, DAN C
Address: 12510 ROCKROSE GLEN
City-St-Zip: BRADENTON, FL 34202

Title: VP () Delete
Name: NIGH, CLIFFORD
Address: 10154 118TH WAY NORTH
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: GM (X) Change () Addition
Name: CLAUDON, CHESTER J
Address: 9000 BAYWOOD PARK DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: FD (X) Change () Addition
Name: LOSI, ROBERT A
Address: 2486 STAG RUN
City-St-Zip: CLEARWATER, FL 33765

Title: DO (X) Change () Addition
Name: GERRISH, KEVIN
Address: 423 150TH AVENUE #1404
City-St-Zip: MADEIRA BEACH, FL 33708

Title: DHR (X) Change () Addition
Name: NIGH, CLIFFORD W
Address: 10154 118TH WAY
City-St-Zip: SEMINOLE, FL 33772

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: CHESTER J. CLAUDON

GM

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date