


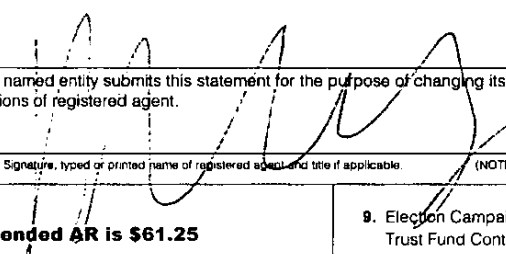
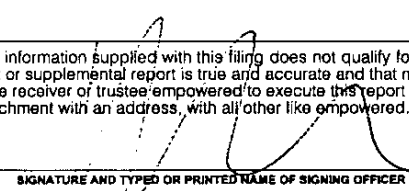
# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # H31575</b>   |  |   |  |    |  |
| 1. Entity Name<br><b>MEADOWS PROPERTIES, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>6250 HAZELTINE NAT'L DR., STE 114<br/>ORLANDO, FL 32822-5102</b>   |  |   | Mailing Address<br><b>6250 HAZELTINE NAT'L DR., STE 114<br/>ORLANDO, FL 32822-5102</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.  |   |  |
| City & State   |  |   | City & State   |   |  |
| Zip  | Country  | Zip   | Country  | 4. FEI Number<br><b>59-2467535</b>  |  |
|  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent:<br><b>MEADOWS, WAYMON E<br/>404 RIDGEWOOD AVENUE<br/>DUNDEE, FL 33838</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Kevin Meadows</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6250 Hazeltine Nat'l Dr., Ste 114</b><br>City<br><b>Orlando</b> FL Zip Code<br><b>32822</b> |  |
| 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<br><br>Signature, typed or printed name of registered agent and title if applicable.   |  |   |  | DATE<br><b>1-3-06</b><br>(NOTE: Registered Agent signature required when reinstating)   |  |
| <b>Amended AR is \$61.25</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VSTD<br/>MEADOWS, JULIA A<br/>404 RIDGEWOOD AVE<br/>DUNDEE, FL 33838</b>  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>200083431862<br/>01/05/07--01053--003 **\$1.25</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>MEADOWS, KEVIN<br/>10176 HART BRANCH CIR.<br/>ORLANDO, FL 32832</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PD<br/>kevin Meadows<br/>10176 Hart Branch cir<br/>Orlando, FL 32832</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>200083431862<br/>01/23/07--01020--015 **\$7.50</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing 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 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 address, with all other like empowered. |  |   |  |   |  |
| SIGNATURE:<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |  | DATE<br><b>1-3-06</b><br>Daytime Phone #  |  |

K. Eckel JAN 19 2007