


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90428 005 \*\*\*150.00

<b>DOCUMENT # J25124</b> 1. Entity Name <b>AUTUMN OAKS INVESTMENT CORPORATION</b>					
Principal Place of Business <b>8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 US</b>			Mailing Address <b>PO BOX 2108 ELFERS, FL 34688-2108 US</b>		
2. Principal Place of Business - No P.O. Box # <b>9400 River Crossing Blvd</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 104</b>			
City & State <b>New Port Richey FL</b>		City & State <b>New Port Richey FL</b>		4. FEI Number <b>59-2698726</b>	
Zip <b>34655</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUDSON, JOHN E. 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9400 River Crossing Blvd</b> <b>Suite 104</b> City <b>FL</b> 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 <u><i>[Signature]</i></u> DATE <b>4-27-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HUDSON, JOHN E.</b> <b>8801 RIVER CROSSING BLVD</b> <b>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9400 River Crossing Blvd. #104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>MINIERI, CARL</b> <b>8801 RIVER CROSSING BLVD</b> <b>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9400 River Crossing Blvd. Suite 104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <b>SILVA, SUSAN</b> <b>8801 RIVER CROSSING BLVD</b> <b>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9400 River Crossing Blvd. Suite 104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9400 River Crossing Blvd. Suite 104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-27-07</b> <small>Date Daytime Phone #</small>		