2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 A Secretary of State DOCUMENT # J50438 1. Entity Name ESTELLE SMITH THOMPSON, INC. Principal Place of Business Mailing Address 19325 W HWY 40 19325 W HWY 40 DUNNELLON, FL 34432 DUNNELLON, FL 34432 03142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEPHENS, VIRGINIA R DO NOT WRITE 19325 W HWY 40 **DUNNELLON, FL 34432** IN THIS SPACE 8. The above named enjity submits this/statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9." Election Campaign Financing \$5.00 May Be U00000670443 Trust Fund Contribution. Added to Fees 03/27/07-80114-003 150.00 OFFICERS AND DIRECTORS 10 TITLE SMITH, KENT NAME STREET ADDRESS 19325 W HWY 40 CITY-ST-ZIP DUNNELLON, FL 34432 TITLE NAME SMITH, SANDY STREET ADDRESS 19325 W HWY 40 CITY-ST-ZIP DUNNELLON, FL 34432 TITLE NAME STEPHENS, RENEE STREET ADDRESS 19325 W HWY 40 DO NOT WRITE CITY-ST-7IP DUNNELLON, FL 34432 THE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 path; 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 chapter 607, and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

FFICER OR DIRECTOR

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