

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # K41912

1. Entity Name
 NEIL ROGERS, INC.



Principal Place of Business
 7027 W. BROWARD BLVD.
 #2115
 PLANTATION, FL 33317

Mailing Address
 7027 W. BROWARD BLVD.
 #2115
 PLANTATION, FL 33317



03142007 No Chg-P CR2E034 (11/05)

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4. FEI Number **65-0087901** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEHELPER, NELSON
 7027 W. BROWARD BLVD.
 #2115
 PLANTATION, FL 33317

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEIL, ROGERS 11781 NW 24 STREET PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000673483
 03/29/07-80031-012 150.00

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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 Nelson Behelper **NEILSON BEHELPER** 3/14/07 954-235-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #