2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 08:00 AM **DOCUMENT #K59406 Secretary of State** 1. Entity Name **CHRIS STEVENS & COMPANY** Mailing Address Principal Place of Business 818 N DIXIE HWY 818 N DIXIE HWY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 US CR2E034 (11/05) 02082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0094869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STEVENS, CHRIS DO NOT WRITE 105 18TH AVENUE NORTH LAKE WORTH, FL 33460 IN THIS SPACE 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. DATE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ΠΠE STEVENS, CHRIS NAME STREET ADDRESS 105 18TH AVE NO. LAKE WORTH, FL CITY-ST-ZIP TITLE 000000678372 04/02/07-80030-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Mrs Teo

NAME OF SIGNING OFFICER OR DIRECTOR

0 /00/07

Daytime Phone #

FILED