


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

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| DOCUMENT # L14934 |  |
| 1. Entity Name FYNE, INC. | |

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| Principal Place of Business 446 CONRADI ST #H-107 TALLAHASSEE, FL 32304 US | Mailing Address PO BOX 12579 TALLAHASSEE, FL 32317 US |
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02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2992198 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent JOHN P. MOTTICE 446 CONRADI ST TALLAHASSEE, FL 32304 |
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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.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MOTTICE, H. JAY 446 CONRADI ST. #H-107 TALLAHASSEE, FL 32304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS MOTTICE, JOHN P 446 CONRADI ST. #H-107 TALLAHASSEE, FL 32304 |
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| U00000750541 05/18/07-80066-018 150.00 |
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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: John P. Mottice, President 4/27/07 850-386-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #