2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # L35707 Jan 25, 2007 08:00 AN 1. Entity Name Secretary of State BILL AUBLE, INC. Principal Place of Business Mailing Address 8700 DAYTONA BLVD 8700 DAYTONA BLVD SEBASTIAN FL 32976 SEBASTIAN FL 32976 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2987161 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUBLE, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 8700 DAYTONA BLVD SEBASTIAN FL 32976 City 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. Signature, typed or printed name of registerod agont and rite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD Delete IIII 11111 ☐ Addition ☐ Change U00000604069 AUBLE, WILLIAM F. NAME 8700 DAYTONA BLVD 01/29/07-80039-003 150.00 STORT LADORESS STREET ADDRESS SEBASTIAN FL 32976 CITY ST ZIP CHY ST ZIP IIILI ☐ Delete HILL ☐ Change ☐ Addition AUBLE, WILLIAM F. 8700 DAYTONA BLVD STREET ADDRESS SUILLI ADDRESS SEBASTIAN FL 32976 CITY ST-71P CHY SE ZIN IIIE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS SIDEF LADDRESS. CITY SE /IP CATY ST ZIP HILE ☐ Delete 11111 ☐ Change Addition NAM NALS STREET ADDRESS SIBIET ADDRESS CHY ST-ZIP CRY SI 789 HHE ☐ Defete 11111 Change Addition NAME NALE STREET ADDRESS SIRLEL ADDRESS CHY SE ZIP CHY-SE ZIP 11711 ☐ Delete IIILL Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY SE ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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 1.1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

772-589-3816

Daytime Phone 1