

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003559

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: THE SIRCLE INC.

**Current Principal Place of Business:**

6312 SE 41ST COURT  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6553  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 45-0485652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WATERS, LUZONIA  
13676 NW 52ND COURT ROAD  
REDDICK, FL 32686 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WATERS, LUZONIA  
Address: 13676 NW 52ND COURT ROAD  
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete  
Name: SAMUEL, LAMONICA  
Address: 6312 SE 41ST COURT  
City-St-Zip: OCALA, FL 34470

Title: TD ( ) Delete  
Name: FORDHAM, PAULA  
Address: P.O. BOX 645  
City-St-Zip: FT. MCCOY, FL 32134

Title: D ( ) Delete  
Name: SAMUEL, LAMONICA  
Address: 6312 SE 41ST COURT  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FORDHAM, PAULA  
Address: P.O. BOX 645  
City-St-Zip: FT. MCCOY, FL 32134

Title: TD (X) Change ( ) Addition  
Name: JONES, SHATASHA  
Address: 1601 NE 25 AVENUE, SUITE 900  
City-St-Zip: OCALA, FL 34470

Title: D (X) Change ( ) Addition  
Name: MAXWELL, SARENCEYA  
Address: 1422 NE 17TH STREET  
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZONIA WATERS

PD

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date