2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N02000009669

Entity Name: UTOPIANS, INCORPORATED

Current Principal Place of Business:

C/O GWENDOLYN SIMS
2100 SW 3RD STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

C/O GWENDOLYN SIMS
2100 SW 3RD STREET
OCALA, FL 34474

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMS, GWENDOLYN
2199 SW 3RD STREET
OCALA, FL 34474 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: PRES ( ) Delete
Name: SIMS, GWENDOLYN
Address: 2100 SW 3RD STREET
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: CUNNINGHAM, JUANITA P
Address: 1904 NW 14TH STREET
City-St-Zip: OCALA, FL 34475

Title: TD ( ) Delete
Name: CHAPPELLE, MARGARET
Address: 3001 NW 28TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: SEC ( ) Delete
Name: BROWN, ANNETTE D
Address: 3500 SW 147TH LANE RD
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GWENDOLYN SIMS PRES 04/26/2007

Electronic Signature of Signing Officer or Director Date