

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009135

FILED  
Jan 17, 2007  
Secretary of State

**Entity Name:** STREAMS IN THE DESERT INTERNATIONAL, INC.

**Current Principal Place of Business:**

1808 GULF BEACH BLVD  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1808 GULF BEACH BLVD  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 88-0346524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COFER, DEBORAH REV.  
1808 GULF BEACH BLVD.  
TARPON SPRINGS, FL 34689 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: P ( ) Delete  
Name: COFER, DEBORAH REV.  
Address: 1808 GULF BEACH BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T ( ) Delete  
Name: COFER, RICHARD  
Address: 1808 GULF BEACH BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S ( ) Delete  
Name: MCDONALD, RENEE  
Address: 3080 HILLSBORO ROAD  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: MCDONALD, PETER  
Address: 3080 HILLSBORO ROAD  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: LOTRIDGE, CHERYL  
Address: 11654 W. ONEIDA DRIVE  
City-St-Zip: BOISE, ID 83709

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH COFER

P

01/17/2007

Electronic Signature of Signing Officer or Director

Date