


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**ORIGINAL**  
May 02, 2007 08:00 A  
Secretary of State

DOCUMENT # N03000009337 1. Entity Name AMERICAN GRAVITY ASSOCIATION, INC.	
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Principal Place of Business 18 RIO VISTA DR TEQUESTA, FL 33469	Mailing Address 18 RIO VISTA DR TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1732230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DAVIS, THEODORE 18 RIO VISTA DR TEQUESTA, FL 33469
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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 \_\_\_\_\_

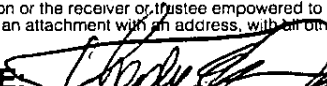
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, THEODORE 18 RIO VISTA DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JONATHAN 18 RIO VISTA DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, NED 18 RIO VISTA DR TEQUESTA, FL 33469
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U00000757736  
05/23/07-80083-023 61.25

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 617, 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:  THEODORE E. DAVIS 4-24-2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #