
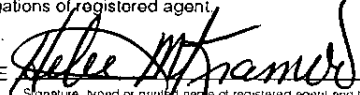


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

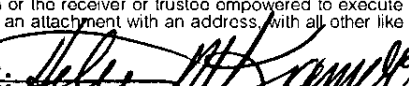
FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 015 ****70.00

DOCUMENT # N05000004099			
1. Entity Name MOSQUITO LAGOON PADDLERS, INC.			
Principal Place of Business 6990 BISMARCK RD COCOA FL 32927		Mailing Address 6990 BISMARCK RD COCOA FL 32927	
2. Principal Place of Business - No P.O. Box # 123 N RIVERSIDE DR Suite, Apt. #, etc.		3. Mailing Address P.O. Box 441 Suite, Apt. #, etc.	
City & State EDGEWATER, FL Zip 32132		City & State EDGEWATER FL Zip 32132	
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KNAPTON, KEN 6990 BISMARCK RD COCOA FL 32927		7. Name and Address of New Registered Agent Name HELEN KRAMER Street Address (P.O. Box Number is Not Acceptable) 123 N. RIVER SIDE DR P.O BOX 441 City EDGEWATER FL Zip Code 32132	
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  HELEN M. KRAMER DATE 1/24/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW: 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		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. KNAPTON, KEN 6990 BISMARCK RD COCOA FL 32927	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-P.D. ARNOLD, ANN E 1709 QUEEN PALM DR EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARNOLD, ANN E 1709 QUEEN PALM DR EDGEWATER FL 32132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRIAN COOK 7569 BENT BOW TRAIL WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAY, BARRY L 2809 UNITY TREE DR EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RACHEL COOK 7569 BENT BOW TRAIL WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEWKETT, RUTH E 6223 YOSEMITE DR PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. HELEN KRAMER P.O. BOX 441 EDGEWATER, FL 32132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **HELEN M. KRAMER** **1/24/07 386-663-4207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR