


NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 1706 00000 2675	
1. Entity Name Legal Digest & More, Inc.	

FILED
07 APR 30 AM 10:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

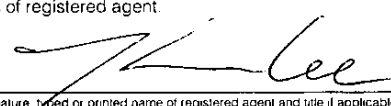
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1100 A E Tennessee St.		3. Mailing Address PO Box 5555	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32308	Country USA	Zip 32308	Country USA

CR2E037B (8/05)

DO NOT WRITE IN THIS SPACE	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Rehya Williams Street Address (P.O. Box Number is Not Acceptable) 1100 A E Tennessee St. City Tallahassee FL Zip Code 32308		

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 **4/30/07**

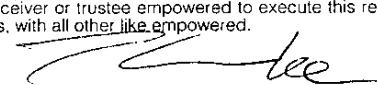
FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE P	NAME Rehya Williams	TITLE	
STREET ADDRESS 1100 A E Tennessee St.		STREET ADDRESS	
CITY-ST-ZIP Tallahassee, FL 32308		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

4/30/07