FILED Apr 20, 2007 8:00 am Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Nam | MEN # N 15603 PAST SINGLES, INC. | | | | | -20-2007 900 | - | |
|--|--|--|---|--|--|--|--|--|
| Principal Plac CHARLOTTE 2295 AARON PORT CHARL | TOWERS | Mailing Address P.O. BOX 495152 PORT CHARLOTTE, FL | 33949-515 | · · | | a ann acres un cian de | ATT DIOTE DIOTE BIARR DE | ten i su |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01162007 Chg- | NP CR | 2E037 (12/06) | | |
| City & State | | City & State | | 4. FEI Number NOT APPLICA | ABLE | | pplied For lot Applicable | |
| Zip Country | | Zip | Zip Country | | 5. Certificate of Status | s Desired | t9 75 | Iditional |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and Addres | s of New Registe | red Agent | |
| GEER, JO 1220 APPI PUNTA GO | | • | | eet Address (| RBARA P.O. Box Number is Not | B/L Acceptable) RKTR6 | SKI EE CL | RCLE |
| , | | | Ci | y P. n- | T ((((() () () () () () () (| | Zip Coo | de . |
| 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 BARBARA BILSKI, SECRETARY Dubaca Selske 3/20/2007 Signature, typed or priviled name of regressered agents and tall of applicable. (NOTE: Regressered Agents alignature required when recreasing) CATE (NOTE: Regressered Agents alignature required when recreasing) | | | | | | 72007 | | |
| Filing Fee is \$61.25 Due by May 1, 2007 9. Election Camp Trust Fund Cor | | | | | \$5.00 May Be | | heck payable | to |
| | Due by may 1, 2007 | Trust Fund C | contribution. | | Added to Fees | Florida D | epartment of S | State |
| 10. | OFFICERS AND D | IRECTORS | ontribution. | | | | | |
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| TITLE NAME | OFFICERS AND D | IRECTORS | 11. | 5 | Added to Fees ADDITIONS/CHANGES | TO OFFICERS AN | D DIRECTORS I | N 10 |
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