


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22047</b> 1. Entity Name THIRD PARTY REGISTRATIONS, INC.	
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Principal Place of Business 800 TRAFALGAR SUITE 200 MAITLAND, FL 32751	Mailing Address P.O. BOX 948153 MAITLAND, FL 32794
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**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2840325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BOTTS, DANIEL A  
800 TRAFALGAR COURT  
SUITE 200  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOTTS, DANIEL A 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAIR, ALAN E 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAWAY, MAC 800 TRAFALGAR CT., SUITE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AERTS, MICHAEL J 800 TRAFALGAR COURTS, SUITE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEASLEY, LARRY E 1975 W STATE ROAD. 426 OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, ROBERT R P.O. BOX 867 MOUNT DORA, FL

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IN THIS SPACE**

U00000674861  
03/23/07-80089-001 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: Daniel A. Botts **Daniel A. Botts** 03/14/07 (321) 214-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #