

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22691

FILED
Apr 06, 2007
Secretary of State

Entity Name: INDIOS, INC.

Current Principal Place of Business:

16654 S.W WARFIELD
INDIANTOWN, FL 34956

New Principal Place of Business:

950 KANNER HWY A27
STUART, FL 34994

Current Mailing Address:

16654 S.W WARFIELD
INDIANTOWN, FL 34956

New Mailing Address:

950 KANNER HWY A27
STUART, FL 34994

FEI Number: 59-2832745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWERS, COLETTE
14555 SW OSCEOLA STREET
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWERS, COLETTE,
Address: 14555 SW OSCEOLA DRIVE
City-St-Zip: INDIANTOWN, FL 34956

Title: STD () Delete
Name: FARIAS, LEONEL,
Address: 15747 SW 151ST STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: VD () Delete
Name: SIEFKER, PAUL,
Address: 15860 SW FAMEL AVENUE
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: O'LAUGHLIN, REV. FRA, NK
Address: 10935 S MILITARY TRAIL
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: APPLETON, EDWARD,
Address: 15588 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLETTE POWERS

PD

04/06/2007

Electronic Signature of Signing Officer or Director

Date