## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**ANNUAL REPORT FILED** Mar 12, 2007 08:00 AM **Secretary of State** JAMÉS SCOTT YOUNG & ASSOCIATES, INC. Principal Place of Business Mailing Address **402 SHELBY AVE NW** P.O. BOX 952 LIVE OAK, FL 32064 LIVE OAK, FL 32064 03092007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0990602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, JAMES S DO NOT WRITE **402 SHELBY AVE NW** LIVE OAK, FL 32064 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\_ Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME YOUNG, JAMES S **402 SHELBY AVE NW** STREET ADDRESS CITY-ST-ZIP LIVE OAK, FL 32064 U00000662917 03/21/07-80031-025 150.00 STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZiP NAME STREET ADDRESS

2. 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 his report as required by Chapter 607, 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:

CITY-ST-ZIP

ATTRE AND TYPED OR PURPTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07 381-208-