## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2007 08:00 AM Secretary of State

DOCUMENT:	#P00000055551
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1. Entity Name
TRED AVON CORP.



Principal Place of Business

906 HEMINGWAY CIR TAMPA, FL 33602 Mailing Address

906 HEMINGWAY CIR TAMPA, FL 33602



## DO NOT WRITE IN THIS SPACE

02132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3672484

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

STERNS, RANDY K 220 S. FRANKLIN STREET TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees			U00000683008 04/05/07-80026-015 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME Street address City-St-21P	PD SCHUCK, BRUCE 906 HEMINGWAY CIRCLE TAMPA, FL 33602					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VTS SCHULK, MARGERY 905 HEMINGWAY CIRCLE TAMPA, FL 33602					
TITLE IAME STREET ADORESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
ITLE HAME STREET ADORESS CITY-ST-ZIP						
ITLE IAME ITREET ADORESS						

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 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

March 21,2007

Deytime Phone #