## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P00000059878 01-08-2007 90244 035 \*\*\*150.00 FEALY ENTERPRISES, INC. Principal Place of Business Mailing Address 11850 NW 31ST PLACE P.O. BOX 450807 00000640 SUNRISE, FL 33323 SUNRISE, FL 33345-0807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number 65-1038291 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEALY, KEVIN P 11850 NW 31ST PLACE Street Address (P.O. Box Number is Not Acceptable) SUNRISE, FL 33323 City Zip Code 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 SIGNATURE \_\_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PS ☐ Delete Addition TITLE TITLE Change FEALY, KEVIN P NAME STREET ADORESS 11850 NW 31ST PLACE STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CHY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CHIATE, PAUL CPA 2201 GRIFFIN RD #204 CHIATE, PAUL, CPA NAME NAME 5440 N STATE RD 7, SUITE 208 STREET ADDRESS STREET ADDRESS CITY-ST-71P FT LAUD, FL 33319 CITY-ST-ZIP FT. LANDERDALE باشر ☐ Delete TITLE TITLE ☐ Change ☐ Addition FEALY PARIS 430 UDPITER LN FEALY, PARIS NAME 18021 NW 9TH CT STREET ADDRESS STREET ADDRESS JUNO BENCH, FL 3340 8 CITY-ST-ZIP N MIAMI BCH, FL CITY-SI-ZIP IIILE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

**FILED** 

Jan 08, 2007 8:00 am

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