## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 11, 2007 08:00 A Secretary of State **DOCUMENT # P00000062541** DANÁ M. FRYE INVESTMENTS, INC. Mailing Address Principal Place of Business 3595 MANASSAS AVENUE 3595 MANASSAS AVENUE MELBOURNE, FL 32934 MELBOURNE, FL 32934 04062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3657968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRYE, DANA M DO NOT WRITE 3595 MANASSAS AVENUE MELBOURNE, FL 32934 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, 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 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FRYE, DANA M STREET ADDRESS 3595 MANASSAS AVENUE MELBOURNE, FL 32934 CITY-ST-7IP TITLE NAME FRYE, CATHERINE E STREET ADDRESS 3595 MANASSES AVE CITY-ST-ZIP MELBOURNE, FL 32934 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

> Dana M. FRYE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**