2007 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Feb 22, 2007 08:00 AM **DOCUMENT # P01000048160 Secretary of State** KEVIN FRYE, INC. Principal Place of Business Mailing Address 2804 MANOR HILL DRIVE 809 E. BLOOMINGDALE AVE. BRANDON, FL 33511 #122 BRANDON, FL 33511 02192007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3719911 \$8.75 Additional 5. Certificate of Status Desired Fee Required .6. Name and Address of Current Registered Agent CONNETT, STEPHEN CPA DO NOT WRITE 213 N. PARSONS AVE. BRANDON, FL 33510 IN THIS SPACE SIGNATURE

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| 8. The above named entity submits this statement for the purpose of changing its registered | ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of registered agent. | |
| | |

(NOTE: Registered Agent signature required when minstaling)

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

000000642997 03/01/07-80067-004 150.00

DATE

Applied For

Not Applicable

| 10. | OFFICERS AND DIRECTORS |
|---------------------------------------|--|
| TITLE NAME | PSTD FRYE, KEVIN I |
| STREET ADDRESS CITY-ST-ZIP | 2804 MANOR HILL DRIVE BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | |
| TITLE NAME | |

Signature, typed or printed name of registered agent and title if applicable

DO NOT WRITE IN THIS SPACE

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.

| SIG | N/ | \TU | IRE: |
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-661-5588