2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053591

Entity Name: A FAMILY AFFAIR COMPANY, INC.

FILED Apr 16, 2007 Secretary of State

| Current P | rincipal Place | of Business: | New Principal Place o | New Principal Place of Business: | |
|---|------------------------------------|--|---|--|--|
| 5123-14TH BRADENT | H ST W FON, FL 3420 | 7 | | | |
| Current M | lailing Addres | ss: | New Mailing Address: | | |
| PO BOX 7 INDIAN LA | ′148 AKE ESTATES | , FL 33855 | | | |
| FEI Number | : 65-1135108 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| | PEGGY W METTO DR AKE ESTATES | , FL 33855 US | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Ager | | | gent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | BURGIN, PEG PO BOX 7148 |) Delete GY W ESTATES, FL 33855 | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | BURGIN, JOSE PO BOX 7148 |) Delete PH K SR ESTATES, FL 33855 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | HODGENS, CA PO BOX 7148 |) Delete SSANDRA B ESTATES, FL 33855 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY W BURGIN D 04/16/2007