2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2007 08:00 AM **DOCUMENT # P01000056327 Secretary of State** 1. Entity Name BYRON L. FISHER, INC. Principal Place of Business Mailing Address 6996 ASHTON ST. 6996 ASHTON ST. **BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437** 03262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1126912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISHER, BYRON L DO NOT WRITE 6996 ASHTON ST. **BOYNTON BEACH, FL 33437** 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) 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 10. OFFICERS AND DIRECTORS TITLE NAME FISHER, BYRON L STREET ADDRESS 6996 ASHTON ST. CITY-ST-ZIP BOYNTON BEACH, FL 33437 U00000683140 04/05/07-00032-019 150.00 TITLE NAME REIS, MAJORIE F STREET ADDRESS 2792 DONNELLY DRIVE, APT. 344 CITY-ST-ZIP LANTANA, FL 33462 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE IND TYPED OR PRINTED MAME OF SIGNSING OFFICER OR DIRECTOR

MAACH 26, 2007

(561) 742-7642

FILED

Deytime Phone #

b