2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000065945

1. Entity Name
REMOTE EXTENDERS, INC.

Principal Place of Business	Mailing Address
544 N. 9TH STREET DEFUNIAK SPRINGS, FL 32435	544 N. 9TH STREET DEFUNIAK SPRINGS, FL 32435

DO NOT WRITE IN THIS SPACE

04302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3749028	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOCKERY, DEVAN
544 N. 9TH STREET
DEFUNIAK SPRINGS, FL 32435

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DOCKERY, DEVAN
STREET ADDRESS	1500 TEN LAKES DRIVE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435

TITLE	D
NAME	ADKINSON, CLAYTON J
STREET ADDRESS	P.O. BOX 1207
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/22/07-80075-009 150.00

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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: _____   5/1/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #