

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2007 90004005 \*\*\*150.00  
FILED 01000080438  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # P01000080438</b> 1. Entity Name <b>SWETMON &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>5817 BEGGS ROAD</b> <b>5</b> <b>ORLANDO FL 32810 US</b>			Mailing Address <b>5817 BEGGS ROAD</b> <b>5</b> <b>ORLANDO FL 32810 US</b>		
2. Principal Place of Business - No P.O. Box # <b>392 W Melody Lane</b> Suite, Apt. #, etc.			3. Mailing Address <b>392 W Melody Ln</b> Suite, Apt. #, etc.		
City & State <b>Casselberry FL</b>			City & State <b>Casselberry FL</b>		
Zip <b>32707</b>		Country <b>USA</b>		4. FEI Number <b>59-3739888</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SWETMON, SHAWN M</b> <b>5817 BEGGS ROAD</b> <b>5</b> <b>ORLANDO, FL 32810</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>392 W Melody Ln</b> City <b>Casselberry FL</b> Zip Code <b>32707</b>		
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 <span style="float: right;">DATE <b>June 1, 2007</b></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SWETMON, SHAWN M 5817 BEGGS ROAD, #5 ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <span style="float: right;">DATE <b>June 1, 2007</b></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					