


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000101283</b>	
1. Entity Name LIBERTY LIMOUSINE SERVICE, INC.	

Principal Place of Business 706 14TH AVE VERO BEACH, FL 32962	Mailing Address 706 14TH AVE VERO BEACH, FL 32962
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01072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3750732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SIGUENZA, HELEN A 706 14TH AVE VERO BEACH, FL 32962
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**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV KORMAN, MICHAEL 145 MCKEE LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV STEVENS, FRANK 84 CROOKED TREE LANE #104 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIGUENZA, HELEN 706 14TH AVE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV REILLY, TIMOTHY 234 KIWI DR SEBASTIAN, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV WELCH, LAWRENCE 644 LAYPORT DR SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000593708  
01/22/07-80042-014 150.00

**DO NOT WRITE IN THIS SPACE**

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:**  **President** 1/16/07 7724731555

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