2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

ANNUAL REPORT FILED Apr 27, 2007 08:00 AN Secretary of State DOCUMENT # P01000113143 **HUTTON & ASSOCIATES, INC.** Principal Place of Business Mailing Address 455 CAPE CORAL PKWY E 455 CAPE CORAL PKWY E CAPE CORAL, FL 33904 SUITE 4 CAPE CORAL, FL 33904 No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1157289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLDA, ROGER L DO NOT WRITE 455 CAPE CORAL PKWY E CAPE CORAL, FL 33904 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent alignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing 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 PSTD TITLE HUTTON, PATRICK J NAME STREET ADDRESS 814 SE 46TH LANE, S UITE 4 CITY-ST-ZIP CAPE CORAL, FL 33904 Un0000736272 95/10/07-80067-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-78P 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 of supplymental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 AND PRESON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date

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