2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2007 08:00 A Secretary of State DOCUMENT # P02000003890 1. Entity Name AKEL, INC. Principal Place of Business Mailing Address 2828 W KIRBY ST 2828 W KIRBY ST TAMPA, FL 33614 TAMPA, FL 33614 US 04092007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 94-3414917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEER, ALAN K CPA DO NOT WRITE 7401 D TEMPLE TERRACE HWY. **TAMPA, FL 33637** 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if agglicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000700848 10. OFFICERS AND DIRECTORS TITLE MELENDI, KELLY NAME 225 NORTH ST. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 TITLE PEREZ, KATHIE NAME STREET ADDRESS 2831 N MORGAN ST CITY-ST-ZIP TAMPA, FL 33602 VΠ TITLE PEREZ. MELISSA NAME 2831 N MORGAN ST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TAMPA,, FL 33602 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

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 is changed, or on an attachment with an acidress, with all-gither like empowered.

SIGNATURE: 1

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Perez

4-9-07 915.349

FILED

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