2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000004574

1. Entity Name
LUNGREN, INC.

Principal Place of Business	Mailing Address
8056 YELLOW RIVER BAPT CH RD BAKER, FL 32531	P O BOX 2061 CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

02192007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
30-0026149		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRISCOE, GRAYLON R
8056 YELLOW RIVER BAPT CH RD
BAKER, FL 32531

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 _____

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	PTSD
NAME	GRAYLON, R. CRISCOE
STREET ADDRESS	8056 YELLOW RIVER BAPT CH RD
CITY-ST-ZIP	BAKER, FL 32531

TITLE	
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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: _____ GRAYLON R. CRISCOE   021907   850-682-2037

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