


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90094 016 ***150.00

DOCUMENT # P02000007888	
1. Entity Name TEN MILE POND CORPORATION	

Principal Place of Business 2806 WEST U.S. HWY. 90 SUITE 101 LAKE CITY, FL 32055	Mailing Address 2806 WEST U.S. HWY. 90 SUITE 101 LAKE CITY, FL 32055
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2. Principal Place of Business - No P.O. Box # 164 NW MADISON ST	3. Mailing Address PO BOX 3659
Suite, Apt. #, etc. SUITE 102	Suite, Apt. #, etc.
City & State LAKE CITY FL	City & State LAKE CITY FL
Zip 32055	Country USA

40100000

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3681337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W. US 90 SUITE 101 LAKE CITY, FL 32055	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	164 NW MADISON ST
Suite, Apt. #, etc.	SUITE 102
City	LAKE CITY FL
Zip Code	32055

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAPPS, DANIEL	NAME	
STREET ADDRESS	2806 WEST US 90 SUITE 101	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, J. ARDENE	NAME	
STREET ADDRESS	P.O. BOX 1857	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA, FL 32616	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **DANIEL CRAPPS PRESIDENT** 4/27/07 386-755-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #