

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011190

Entity Name: CHEER GEAR ENTERPRISES, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

7073 W WATERS AVE  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

7073 W WATERS AVE  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 04-3600248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EAVES, KIMBERLY A  
8238 WEST WATERS AVE.  
TAMPA, FL 33615 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EAVES, KIM  
Address: 8235 WEST WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

Title: VP (X) Delete  
Name: WINDOM, RON  
Address: 8238 WEST WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

Title: ST (X) Delete  
Name: WINDOM, IRENE  
Address: 8238 WEST WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: EAVES, KIMBERLY A PD  
Address: 8235 WEST WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

Title: ( ) Change ( ) Addition  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_

Title: ( ) Change ( ) Addition  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY A. EAVES

PD

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date