2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099068

Entity Name: WORRY POT, INC.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

896 CLAYDON WAY 5843 HERONPARK PLACE

ALTAMONTE SPRINGS, FL 32701 LITHIA, FL 33547

Current Mailing Address: New Mailing Address:

896 CLAYDON WAY 5843 HERONPARK PLACE

ALTAMONTE SPRINGS, FL 32701 LITHIA, FL 33547

FEI Number: 27-0033636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REECE, LINDA REECE, LINDA 896 CLAYDON WAY 5843 HERONPARK PLACE

896 CLAYDON WAY 5843 HERONPARK PLACE ALTAMONTE SPRINGS, FL 32701 US LITHIA, FL 33547 US

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: 01/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: REECE, LINDA Name: REECE, LINDA

Address: 896 CLAYDON WAY Address: 5843 HERONPARK PLACE

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: LITHIA, FL 33547

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: REECE, STEVE Name: REECE, STEVE

Address: 896 CLAYDON WAY Address: 5843 HERONPARK PLACE

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA REECE P 01/08/2007