2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P02000099804 1. Entity Name 04-25-2007 90160 009 ***150.00 MEYCOR, INC. Principal Place of Business Mailing Address P.O. BOX 796 2450 LAKE DEBRA DR WINDERMERE, FL 34786 7203 ORLANDO, FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2502 LAKE DEBRA DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 04212007 CR2E034 (12/06) 7203 City & State City & State 4. FEI Number Applied For 42-1551940 ORLANDO, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYER, RUSSELL W Street Address (P.O. Box Number is Not Acceptable) 2450 LAKE DEBRA DR. #って63 ZSOZ LAKE DEGRA DRIVE 7203 ORLANDO, FL 32835 Zip Code 3283S 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 little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PS TITLE **™** Change ☐ Addition TITLE ☐ Delete MEYER, RUSSELL W NAME NAME ZSOZ LAKE DERRA DRIVE \$ 7203 2450 LAKE DEBRA DR #7203 STREET ADDRESS STREET ADDRESS 0,eLANDO, FL 32835 ORLANDO, FL 32835 CITY-ST-ZIP CITY-ST-ZIP VT TITLE Change Addition TITLE ☐ Delete MEYER, ANITA L NAME NAME 2502 LAKE DERRA DRIVE #7203 STREET ADDRESS 2450 LAKE DEBRA DR #7203 STREET ADDRESS CITY-ST-ZIP GRUANDG FL 32835 CITY-ST-ZIP ORLANDO, FL 32835 ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE 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 reserver 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 anatoment with an address, with all other like empowered.

Russell W. Mezé R

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED

467-298.0688