2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P02000113380

Entity Name: REB'S ASSOCIATES, INC.

Current Principal Place of Business:

208 S. HWY 17
EAST PALATKA, FL 32131

New Principal Place of Business:

60 STARLING TRACE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

60 STARLING TRACE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 90-0053595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALEY, WILLIAM J
116 NW COLUMBIA AVENUE
LAKE CITY, FL 32055 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: BOX, AARON C
Address: 60 STARLING TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP ( ) Delete
Name: BOX, RANDALL E
Address: 60 STARLING TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: BOX, AARON C
Address: 60 STARLING TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete
Name: BOX, AARON C
Address: 60 STARLING TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: AARON C BOX PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date