2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000020621

1. Entity Name URBAN SURVEYS, INC.



FILED Apr 19, 2007 08:00 AM Secretary of State

Principal Place of Business

1318 SE 47TH STREET CAPE CORAL, FL 33904

Mailing Address

1318 SE 47TH STREET CAPE CORAL, FL 33904



DO NOT WRITE IN THIS SPACE

 04172007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

DATE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

URBAN, TED B 22021 LUCKY LEE LANE ALVA, FL 33920

DO NOT WRITE IN THIS SPACE

8	The above named entity submits this statement for the purpose of char	nging its registered office or registered agent, or both, in	ithe State of Florida. I am familiar wi	ith, and accept
	the obligations of registered agent	2-		
_	TED B I P	The total	J. 17-400	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECT	ORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URBAN, JEFFREY A 22021 LUCKY LEE LANE ALVA, FL 33920		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD URBAN, TED B 22021 LUCKY LEE LANE ALVA, FL 33920		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

U00000716773 04/30/07-80021-013 150.00

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 cath, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DATE OF DIRECTOR DIRECTO