

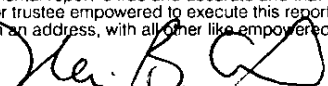


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000029150 1. Entity Name FRANBERSON, INC.						<div style="transform: rotate(-15deg);"> FILED 07 APR 30 AM 10:37 CLERK OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1724 KATHRYN AVENUE TALLAHASSEE, FL 32308				Mailing Address 1724 KATHRYN AVENUE TALLAHASSEE, FL 32308			
2. Principal Place of Business - No P.O. Box # 3243 CAROLTON DR.		3. Mailing Address 3243 CAROLTON DR.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL					
Zip 32311		Country		Zip 32311		Country	
6. Name and Address of Current Registered Agent CASPARY, MARIA B 1724 KATHRYN AVENUE TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3243 CAROLTON DR. City TALLAHASSEE FL Zip Code 32311			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CASPARY, MARIA B 1724 KATHRYN AVENUE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3243 CAROLTON DR. TALLAHASSEE, FL 32311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMUDEZ, JOSE F 1724 KATHRYN AVENUE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3243 CAROLTON DR. TALLAHASSEE, FL 32311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">4/30/11</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700101583877 05/04/07--01017--028 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: 				4/30/07 (850) 942-4057			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			