2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088704 1. Entity Name EXPERIENCED INTERNET.COM, INC.



FILED Feb 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5400 N.W. 23RD AVENUE TAMARAC, FL 33309 5400 N.W. 23RD AVENUE TAMARAC, FL 33309



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| 01162007 140 Clig-F | | CR2E054 (11/05) | | |
|---------------------|----------------|-----------------|-----------------------------------|--|
| 4. FEI Number | | | Applied For | |
| 56-2388 | 537 | | Not Applicable | |
| 5. Certificate of | Status Desired | | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BENDER, KAREN 5400 N.W. 23RD AVENUE TAMARAC, FL 33309

SIGNATURE: 9

DO NOT WRITE IN THIS SPACE

| 8. The above named entity subprits 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. Column Co | | | | | | | | |
|--|---|--|------|--------------------------------|---|--|--|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title it | | | required when reinstating) | DATE | | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENDER, KAREN 5400 N.W. 23RD AVENUE TAMARAC, FL 33309 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000647497 03/06/07-80074-012 150.00 | | | |
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| TITLE NAME STREET ADDRESS 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 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. | | | | | | | | |

INTED HAME OF SIGNING OFFICER OR DIRECTOR