

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000089073 1. Entity Name THE EASY MOBILITY COMPANY	
--	---

Principal Place of Business 10608 NW 6 STREET PEMBROKE PINES, FL 33026 US	Mailing Address 10608 NW 6 STREET PEMBROKE PINES, FL 33026 US
---	---

DO NOT WRITE IN THIS SPACE



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1892609	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent KEEGAN, SHARI W 10608 NW 6 STREET PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	U00000768396 07/12/07-80007-021 150.00 <small>DATE</small>
---	--

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT KEEGAN, SHARI W 10608 NW 6 STREET PEMBROKE PINES, FL 33026
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <i>X Shari Keegan Shari Keegan</i>	7-6-07	8774323219
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>