


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0300091572**  
1. Entity Name: **SOCIAL ASPECTS, INC.**



Principal Place of Business: **161 RETREAT PLACE  
PONTE VEDRA, FL 32082**  
Mailing Address: **161 RETREAT PLACE  
PONTE VEDRA, FL 32082**

**DO NOT WRITE IN THIS SPACE**

  
01092007 No Chg-P CR2E034 (11/05)

4. FEI Number: **22-2569262** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STIRRUP, JOSEPH A  
518 B-1 SHADY PINE WAY  
GREENACRES, FL 33415**

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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: \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWEENEY, SUSAN M
STREET ADDRESS	161 RETREAT PLACE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000599169  
01/25/07-80016-012 150.00  
**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: *Susan Sweeney* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1/17/07 Daytime Phone # \_\_\_\_\_