2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007
Secretary of State

DOCUMENT# P03000094479

Entity Name: RE-POSE, INC.

Current Principal Place of Business:

P.O. BOX 659
KEY WEST, FL 33041

New Principal Place of Business:

1125 GRINNELL STREET
KEY WEST, FL 33041

Current Mailing Address:

P.O. BOX 659
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 42-1603237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLS, PAUL S
1541 FIFTH STREET STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GASPARI, GRAZIELLA
Address: 1125 GRINELL STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAZIELLA GASPARI P 07/11/2007

Electronic Signature of Signing Officer or Director Date