07-23-2007 90037 008 ***150.00
P03000098778

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000098778

1. Entity Name
PONDER THIS, INC.

FILED
07 AUG 13 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1016 FLEMING STREET KEY WEST, FL 33040	1016 FLEMING STREET KEY WEST, FL 33040

07132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
#9 NASSAU LANE	107 MILL ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West FL	City & State: CAMBRIDGE MD
Zip: 33040 Country	Zip: 21613 Country

4. FEI Number 76-0741550 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDEL, MICHAEL
1016 FLEMING STREET
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Is Not Acceptable) #9 Nassau Lane
City Key West FL Zip Code 33040

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 Michael Friedel MICHAEL FRIEDEL 7.17.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDEL, MICHAEL 1016 FLEMING STREET KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 107 MILL ST CAMBRIDGE MD 21613
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Michael Friedel 7.17.07 443.225.5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

As per telephone conversation
JC 8/13