2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED N

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 02, 2007 8:00 am Secretary of State

| | | MINUAL | KEFORI | | | | | | ···· y | O1 | Suit |
|---|---|--|---|-----------|--------------------|-----------------------|-------------------|-------------------------------------|-------------------|-------------------------------|---------------------------|
| DOCUMENT # P03000109347 1. Entity Name SEWELL FINANCIAL SERVICES, INC. | | | | | | | · | 05-02-20 | 07 9008′ | 7 019 *' | **150.00 |
| Principal Plac 4481 LEGEN SUITE 150 DESTIN, FL | DARY DRIVE | | Mailing Address 4481 LEGENDARY DRIVE SUITE 150 DESTIN, FL 32541 US | | | | 40 | 100508 | | | (28)(68) (28) |
| 4399 (Suite, Apt. | | | 3. Mailing Address 4399 Commons Driv Suite, Apt. #, etc. | | | E | 03282007 | Chg-P | CR2E0 | 34 (12/0 | 6) |
| Suite 300 City & State Destin, FL | | | Suite 300 City & State Destin, FI, Zip | try | | 4. FEI Numb 20-028 | 0292 - | | | Applied For Not Applicable | |
| 32541 | US | | 32541 | USA | - | | | of Status Desired Address of New I | | Fee Requ | |
| SEWELL, JAMES W JR 4481 LEGENDARY DRIVE SUITE 150 DESTIN, FL 32541 | | | | | Su: City De: | 99 (ite sti | 300 n | eris Not Acceptabl 3 Drive | East FL | 32 | 541 |
| the obligat | named entity submittions of registered age Signature, typed or printed in | ame of registered agent and | 9. Election Campaig | Registere | d Agent signatur | e required | when reinstating) | th, in the State of Fl | DATE | familiar wi | th, and accept |
| After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution | | | | | | Add | ed to Fees | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SEWELL, JAMES 4481 LEGENDAR DESTIN, FL 325 | RY DRIVE, SUITE | ☐ Delete | | | | 99 Comn | nons Driv | | x ⅓ Chang | e Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP,D SEWELL, ALLISO 4481 LEGENDAR DESTIN, FL 325 | | | 439 | • | ons Driv | ve Ea | xx Chang st,St | _ | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | 1 | | | | | | □ Chang | e Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | | | Chang | e Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | ☐ Delete | | | | | | | ☐ Changi | B ☐ Addition |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | | ☐ Change | e 🗌 Addition |
| indicated of the corp | on this report or supportation of the receive | oleme ital report is tr er of trustee empow | nis filing does not chalify for ue and arcurate and that my ered to execute his report a n all other like impowered. | y signat | ure shall ha | ve the s | same legal ettec | t as if made under | oath; that I a | am an offic | er or director |