

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148863

FILED
Apr 24, 2007
Secretary of State

Entity Name: THIBADO & ASSOCIATES, INC.

Current Principal Place of Business:

PO BOX 29
CRYSTAL RIVER, FL 34423

New Principal Place of Business:

565 NW 1ST AVE
CRYSTAL RIVER, FL 34429

Current Mailing Address:

PO BOX 29
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 51-0490789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIBADO, PETER D
PO BOX 29
CRYSTAL RIVER, FL 34423 US

Name and Address of New Registered Agent:

THIBADO, PETER D PRES
565 NW 1SR AVE.
CRYSTAL RIVER, FL 34429 US

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: PETER D THIBADO

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: THIBADO, PETER D PRES
Address: PO BOX 29
City-St-Zip: CRYSTAL RIVER, FL 34423 US

Title: MR. (X) Delete
Name: THIBADO, NIKOS T VPRES
Address: PO BOX 29
City-St-Zip: CRYSTAL RIVER, FL 34423 US

Title: MS. () Delete
Name: THIBADO, LORI A SECY
Address: PO BOX 29
City-St-Zip: CRYSTAL RIVER, FL 34423 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: THIBADO, PETER D MR
Address: 565 NW 1ST AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER D, THIBADO

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date