2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152341

Entity Name: JASON FRYE INC

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9 E 5TH STREET 1051 MYRTLE AVE.

ST CLOUD, FL 34769 US ST CLOUD, FL 34771 US

Current Mailing Address: New Mailing Address:

9 E 5TH STREET P.O. BOX 700441

ST CLOUD, FL 34769 US ST. CLOUD, FL 34770 US

FEI Number: 33-1079504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRYE, JASON FRYE, JASON 9 E. 5TH STREET 1051 MYRTLE AVE.

ST CLOUD, FL 34769 US ST CLOUD, FL 34771 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: JASON L. FRYE 09/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 FRYE, JASON
 Name:
 FRYE, JASON

 Address:
 9 E. 5TH STREET
 Address:
 1051 MYRTLE AVE.

 City-St-Zip:
 ST CLOUD, FL 34769 US
 City-St-Zip:
 ST CLOUD, FL 34771 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 FRYE, JASON
 Name:
 FRYE, JASON

 Address:
 9 E. 5TH STREET
 Address:
 1051 MYRTLE AVE.

 City-St-Zip:
 ST CLOUD, FL 34769 US
 City-St-Zip:
 ST CLOUD, FL 34771 US

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 FRYE, JASON
 Name:
 FRYE, JASON

 Address:
 9 E. 5TH STREET
 Address:
 1051 MYRTLE AVE.

 City-St-Zip:
 ST CLOUD, FL 34769 US
 City-St-Zip:
 ST CLOUD, FL 34771 US

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 FRYE, HEATHER
 Name:
 FRYE, HEATHER

 Address:
 9 E. 5TH STREET
 Address:
 1051 MYRTLE AVE

 City-St-Zip:
 ST CLOUD, FL 34769 US
 City-St-Zip:
 ST CLOUD, FL 34771 US

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: JASON L. FRYE P 09/04/2007