2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P03000157778

Entity Name: DESERT VIPERS OF FLORIDA, INC.

Current Principal Place of Business:

8259 S. U.S. HIGHWAY 1
PORT ST. LUCIE, FL

New Principal Place of Business:

8259 S. U.S. HIGHWAY 1
PORT ST. LUCIE, FL 32952 US

Current Mailing Address:

8259 S. U.S. HIGHWAY 1
PORT ST. LUCIE, FL

New Mailing Address:

8259 S. U.S. HIGHWAY 1
PORT ST. LUCIE, FL 32952

FEI Number: 57-1196927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WALTER E III
315 S. PALMETTO AVENUE
DAYTONA BEACH, FL US

Name and Address of New Registered Agent:

MOONEY, MYLES N
1536 LAKE BREEZE DR
WELLINGTON, FL 33414 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: MYLES N. MOONEY 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MOONEY, MYLES
Address: 8259 S.U.S. HIGHWAY 1
City-St-Zip: PORT ST. LUCIE, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: MOONEY, MYLES N
Address: 1536 LAKE BREEZE DR.
City-St-Zip: WELLINGTON, FL 33414

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: MYLES N. MOONEY PSD 04/26/2007
Electronic Signature of Signing Officer or Director Date