2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013126

Entity Name: EVONDOR PROPERTY INC.

FILED Apr 30, 2008 Secretary of State

Littly Name: EVONDOR FROFER IT ING.	
Current Principal Place of Business:	New Principal Place of Business:
1850 SW CAPEHART AVE PORT ST. LUCIE, FL 34953	6049 NW 3RD STREET MARGATE, FL 33063
Current Mailing Address:	New Mailing Address:
PO BOX 8028 PORT ST. LUCIE, FL 34985	6049 NW 3RD STREET MARGATE, FL 33063
FEI Number: 27-0077270 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WILLIAMS, MICHELLE E 1850 NW N MACEDO BLVD PORT ST. LUCIE, FL 34983 US	WILLIAMS, MICHELLE E 421 NW NOTH MACEDO BLVD PORT ST. LUCIE, FL 34983 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: MICHELLE WILLIAMS	04/30/2008
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P () Delete Name: SEATON, DEVON B Address: P.O. BOX 8028 City-St-Zip: PORT ST LUCIE, FL 34985	Title: () Change () Addition Name: Address: City-St-Zip:
Title: V () Delete Name: WILLIAMS, MICHELLE E Address: PO BOX 8028 City-St-Zip: PORT ST. LUCIE, FL 34985	Title: VP (X) Change () Addition Name: WILLIAMS, MICHELLE E Address: PO BOX 8028 City-St-Zip: PORT ST. LUCIE, FL 34985
Title: () Delete Name: Address: City-St-Zip:	Title: D () Change (X) Addition Name: JOY, LAING Address: 6049 NW 3RD STREET City-St-Zip: MARGATE, FL 33063

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: MICHELLE E. WILLIAMS VP 04/30/2008