## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

## Jan 29, 2007 8:00 am **Secretary of State** DOCUMENT # P04000042781 01-29-2007 90070 044 \*\*\*150.00 LOUISE CREEL DUTTON, INC. Principal Place of Business Mailing Address 10615 WITTENBERG WY 10615 WITTENBERG WY 60008081 ORLANDO, FL 32832 ORLANDO, FL 32832 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Cha-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 20-0874115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dutton, Louise Cree! **DUTTON, LOUISE CREEL** Street Address (P.O. Box Number is Not Acceptable) 3261 W ST. BRIDES CIR ORLANDO, FL 32812 10615 WittENbErg 20 Code 3 2 8. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPST TITLE Delete TITLE Dutton, Louise Creel **DUTTON, LOUISE CREEL** 10615 WittEnberg WAY Orlando Fl 32832 NAME NAME 3261 W ST. BRIDES CIR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32812 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. riel.

**FILED**