


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000073881		
1. Entity Name SUTTON & SUTTON REFERRAL NETWORK, INC.		
Principal Place of Business 1223 EDGEWATER DR ORLANDO, FL 32804	Mailing Address 1223 EDGEWATER DR ORLANDO, FL 32804	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent ALLEY, BRADLEY K 1150 LOUISIANA AVE STE 4 WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
9. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, BARBARA 1223 EDGEWATER DR ORLANDO, FL 32804	
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12. I hereby certify that the information supplied with this filing 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.		
SIGNATURE: <i>Barbara C. Sutton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-25-07 407.425.5030 <small>Date Daytime Phone #</small>



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0964891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000606232
01/30/07-80070-016 150.00

**DO NOT WRITE
IN THIS SPACE**