2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# P04000099210

Entity Name: FIVE POINTS CORPORATION

Current Principal Place of Business:

3389 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

3389 SHERIDAN STREET
558
HOLLYWOOD, FL 33021

Current Mailing Address:

3389 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

3389 SHERIDAN STREET
558
HOLLYWOOD, FL 33021

FEI Number: 74-3125554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARGULES, LEON R ESQ.
9050 PINES BOULEVARD
SUITE 385-C
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

SMITH, AUDREY ESQ.
3389 SHERIDAN STREET
#558
HOLLYWOOD, FL 33021 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: AUDREY SMITH 04/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAWRENCE, KRISHNA
Address: 3389 SHERIDAN STREET #558
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: MARGULES, LEON ESQ.
Address: 3389 SHERIDAN STREET #558
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete
Name: SMITH, AUDREY
Address: 3389 SHERIDAN STREET #558
City-St-Zip: HOLLYWOOD, FL 33021

Title: OMB ( ) Delete
Name: LAWRENCE, AMY
Address: 3389 SHERIDAN STREET #558
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AUDREY SMITH S 04/19/2007
Electronic Signature of Signing Officer or Director Date