2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 30, 2007 8:00 am Secretary of State DOCUMENT # P04000111289 03-30-2007 90126 006 ***158.75 1. Entity Name STREET GYPSIES, INC. Principal Place of Business Mailing Address 1505 K SPRING HARBOR DR PO BOX 811947 DELRAY BEACH, FL 33445 BOCA RATON, FL 33481-1947 2. Principal Place of Business' - No.P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 CR2E034 (12/06) Cha-P City-& State Applied For City & State 4. FEI Number 20-1428834 Not Applicable Zio Country 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 Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and life it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME RUSSO, ANTHONY C NAME 1505 K SPRING HARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST ZIP DELRAY BEACH, FL 33445 CITY ST 7IP THILE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Detete TiTk F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7EP CITY-ST-ZIP 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 appliess, with all other the empowered.

FILED

ATTACHMENT #000011/285 p. 1 of 2

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Corporate Address:	505 Spring	9 Handor Separation Da	. K DelKay Beach M.
Mailing Address (if diffe	erent): 20 86× 817	947 BOLA KATO	DU Fl. 33481-1947
	Date:		g on the Annual Minutes Meeting paragraph wil
	issue stock certificates for even have any DBA's (doing busing)	ness as)?	II No
List the name and addre		(you may use additional sheets	s if needed)
Name Example: John Dog Pory C・パッシュ	Address 123 SW Any Street, Miam U FD. Box 81199	ii, FL 33333 41 Boco Roton P.	# of Shares of Stock Issued Example: 100 Shares
Directors' Meeting:	Date: Fcb	reholders during the past year? 2 , 20 0 7	7 Time: 8:30 M
	time, date and place as stated	d in the By-Laws."	the Annual Minutes Meeting paragraph will re
(Indicate which Director - one person may be both	is Chairman of the Board of in		shall be Secretary of the Board of Directors' M
(Indicate which Director - one person may be both Name Example: <i>John Doe</i>	is Chairman of the Board of in) Address 123 SW Any Street Micros	Directors' Meeting and which s	shall be Secretary of the Board of Directors' M
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