

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90043 016 \*\*\*150.00

|  |   |   |  |                                       |  |
|--|---|---|--|---------------------------------------|--|
| <b>DOCUMENT # P04000132108</b><br>1. Entity Name<br><b>THREE SISTERS OF HOBE SOUND, INC.</b>   |   |   |  |                                       |  |
| Principal Place of Business<br><b>11770 DIXIE HWY SE<br/>HOBE SOUND, FL 33455</b>  |   |   | Mailing Address<br><b>336 S COUNTY RD<br/>PALM BEACH, FL 33480</b>                     |                                       |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |                                       |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |                                       |  |
| City & State   |   | City & State  |  |                                       |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>55-0882725</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent  |                                       |  |
| <b>ORRICE, CASSANDRA</b><br><b>336 SOUTH COUNTY RD</b><br><b>PALM BEACH, FL 33480</b>  |   |   | Name<br><b>ORRICE, Cassandra</b><br>Street Address (P.O. Box Number is Not Acceptable) |                                       |  |
| City   |   |   | City   |                                       |  |
| State  |   |   | State  |                                       |  |
| Zip  |   |   | Zip  |                                       |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |                                       |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11                                 |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ORRICE, CASSANDRA<br>336 S COUNTY RD<br>PALM BEACH, FL 33480 | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>ORRICE, KATHLEEN<br>336 S COUNTY RD<br>PALM BEACH, FL 33480  | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>ORRICE, COLLEEN<br>336 S COUNTY RD<br>PALM BEACH, FL 33480   | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Empty]   | <input type="checkbox"/> Delete   |  |                                       |  |
| 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>Cassandra Orrice</i>   |                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date: <i>1/23/07</i> Daytime Phone #: <i>561-659-1284</i>                              |                                       |  |