## 2007 FOR PROFIT CORPORATION

## Feb 07, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P05000020980** 1. Entity Name 02-07-2007 90033 014 \*\*\*150.00 LOPUD INC. Mailing Address Principal Place of Business 5313 CONWAY OAKS COURT 5313 CONWAY OAKS COURT ORLANDO, FL 32812 ORLANDO, FL 32812 No Chg-P CR2E034 (11/05) 01312007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0128567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STORELLI, TOMO 5313 CONWAY OAKS COURT ORLANDO, FL 32812 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Dept of State \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STORELLI, TOMO NAME 5313 CONWAY OAKS COURT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED