## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2007 08:00 AM Secretary of State **DOCUMENT # P05000023572** 1. Entity Name GORDON FELLA, INC. Principal Place of Business Mailing Address 668 HOLBROOK CIRCLE 668 HOLBROOK CIRCLE LAKE MARY, FL 32746 LAKE MARY, FL 32746 US No Chg-P CR2E034 (11/05) 04242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2328897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELLA, GORDON L JR DO NOT WRITE 668 HOLBROOK CIRCLE LAKE MARY, FL 32746 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) U000000753838 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 05/22/07-80038-001 150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE FELLA, GORDON L JR. NAME STREET ADDRESS 668 HOLBROOK CIRCLE CITY-ST-ZIP LAKE MARY, FL 32746 TITLE SECY FELLA, TAMMY 668 HOLBROOK CIRCLE STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 apidress, with attorner like empowered.

SIGNATURE: \*

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-28-07

V907-402-1342 Daytime Phone #

FILED