2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029550

FILED Jan 19, 2007 Secretary of State

Entity Name: SECRETS, INC **Current Principal Place of Business: New Principal Place of Business:** 278 SEMORAN COMMERCE PLACE APOPKA, FL 32703 **Current Mailing Address: New Mailing Address:** 278 SEMORAN COMMERCE PLACE APOPKA, FL 32703 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMMONS, SHELBY T 278 SEMORAN COMMERCE PLACE APOPKA, FL FL 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SIMMONS, CYNTHIS C SIMMONS, CYNTHIA C Name: Name: 100 BUTTONWOOD DRIVE 100 BUTTONWOOD DRIVE Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779 Title: VΡ () Delete Title: () Change () Addition

 Name:
 SIMMONS, SHELBY T
 Name:

 Address:
 100 BUTTONWOOD DRIVE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779
 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: SHELBY T SIMMONS P 01/19/2007