2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 08:00 AM Secretary of State DOCUMENT # P05000030060 STEPHEN R. MCCASLIN, INC. Principal Place of Business Mailing Address 798 FLORENCIA CIRCLE PO BOX 2413 TITUSVILLE, FL 32780 MELBOURNE, FL 32902-2413 No Chg-P CR2E034 (11/05) 04142007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0218209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILDEN, KENNETH R DO NOT WRITE 2325 PEPPERWOOD RD MELBOURNE, FL 32935 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MCCASLIN, STEPHEN R NAME U00000714642 798 FLORENCIA CIRCLE STREET ADDRESS 04/27/07-80033-002 150.00 CITY-ST-ZIP TITUSVILLE, FL 32780 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7/P TITLE NAME

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 occurate 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 recover of the corporation of the corporation or the recover of the corporation or the recover of the corporation or the recover of the corporation or the co

SIGNATURE:

indicated on this report or supplemental report is true and of the corporation or the received optustee empowered or changed, or on an attachment with an address, with all of the corporation or the received optustees and other contents.

STREET ADDRESS CITY-ST-ZIP

Davime Phone #