2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# P05000034046

Entity Name: 29:11, INC.

Current Principal Place of Business:

485 WEST LAKE BOULEVARD
#72
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

485 WEST LAKE BOULEVARD
#72
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 20-2435426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDBERG, SALLY
29605 US HIGHWAY 19 NORTH
SUITE 260
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FLYNT, HAZMIN	
Address:	3261 ROXMERE DRIVE	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	VP	( ) Delete
Name:	MASTERS, PATRICIA M	
Address:	2680 SABAL SPRINGS CIRCLE #101	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	TREA	( ) Delete
Name:	LINDBERG, SALLY	
Address:	2842 FAIR GREEN DRIVE	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	SEC	( ) Delete
Name:	IAQUINTO, CATHERINE	
Address:	4638 ENRIGHT DRIVE	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	POR	( ) Delete
Name:	SITMER, ROBYN	
Address:	485 WEST LAKE BOULEVARD #72	
City-St-Zip:	PALM HARBOR, FL 34683	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	MASTERS, PATRICIA M	
Address:	2680 SABAL SPRINGS CIRCLE #101	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	VP	(X) Change ( ) Addition
Name:	SITMER, ROBYN A	
Address:	485 WESTLAKE BOULEVARD #72	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: PATRICIA M. MASTERS PRES 09/05/2006

Electronic Signature of Signing Officer or Director — Date