
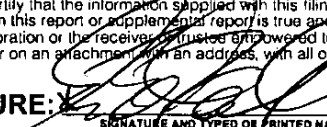


FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90087 009 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000035036			
1. Entity Name 280 LIST ROAD, INC.			
Principal Place of Business 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON, FL 33414		Mailing Address 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON, FL 33414	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-2463509	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON, FL 33414		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP <input checked="" type="checkbox"/> Delete NAME HALL, LORRAIN F STREET ADDRESS 12765 FOREST HILL BLVD, STE 1302 CITY-ST-ZIP WELLINGTON, FL 33414		TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Hall, Lorrain Felicita Sommerville STREET ADDRESS 12765 Forest Hill Blvd., Suite 1302 CITY-ST-ZIP Wellington, FL 33414	
TITLE DST <input type="checkbox"/> Delete NAME HALL, MALCOLM STREET ADDRESS 12765 FOREST HILL BLVD, STE 1302 CITY-ST-ZIP WELLINGTON, FL 33414		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Malcolm Hall, Treasurer X 4/6/07 561 844 9445. Date Daytime Phone #	