2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 08:00 AM DOCUMENT # P05000053831 Secretary of State 1. Entity Name FOCÚS EXPRESS, INC. Mailing Address Principal Place of Business 544 CHESTNUT CT. 544 CHESTNUT CT. DELTONA, FL 32725 US DELTONA, FL 32725 CR2E034 (11/05) 01292007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2668144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PICKETT, CHARLIE DO NOT WRITE 544 CHESTNUT CT. DELTONA, FL 32725 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 life if applicable (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PICKETT, CHARLIE NAME STREET ADDRESS 544 CHESTNUT CT. CITY-ST-ZIP DELTONA, FL 32725 U00000633691 02/21/07-80071-018 150.00 TULE NAME PICKETT, CHARLIE 544 CHESTNUT CT. STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS C11Y - S1 - 71P

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 coorporation 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 3m address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #