## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 07, 2007 08:00 A Secretary of State DOCUMENT # P05000061335 Entity Name: TREMBLEY INC. Principal Place of Business Mailing Address 14165 SUNRIVER AVE 14165 SUNRIVER AVE ORLANDO, FL 32825 ORLANDO, FL 32825 05022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2743392 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TREMBLEY, DAVID W DO NOT WRITE 14165 SUNRIVER AVE ORLANDO, FL 32828 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TREMBLEY, DAVID NAME 14165 SUNRIVER AVE STREET ADDRESS U00000762524 05/29/07-80010-025 150.00 ORLANDO, FL 32825 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 upon 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 enhowered 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 address, with all the empowered.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-7IP

GNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**