## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 30, 2007 08:00 Al Secretary of State **DOCUMENT # P05000075480** YODEL REALTY INVESTMENT, INC. Principal Place of Business Mailing Address **404 WESTBOROUGH LANE 404 WESTBOROUGH LANE** SAFETY HARBOR, FL 34695-4440 SAFETY HARBOR, FL 34695-4440 02192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN Applied For 4. FEI Number 20-2917360 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KEEN, WILLIAM E JR. DO NOT WRITE 404 WESTBOROUGH LANE SAFETY HARBOR, FL 34695-4440 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, 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KEEN, WILLIAM E JR. NAME STREET ADDRESS 404 WESTBOROUGH LANE SAFETY HARBOR, FL 346954440 CITY-ST-ZIP U00000749737 TITLE KEEN, BARBARA L NAME 404 WESTBOROUGH LANE STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 346954440 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling 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.

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

William E. Keen, Jr. X26 Asr. 1