2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 13, 2007 08:00 AM Secretary of State **DOCUMENT # P05000092155 EDWIN NANCE INC** Principal Place of Business Mailing Address 8285 SETTLERS CREEK LOOP 8285 SETTLERS CREEK LOOP LAKELAND, FL 33810 US LAKELAND, FL 33810 US CR2E034 (11/05) 04102007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3071230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6, Name and Address of Current Registered Agent DO NOT WRITE NANCE, EDWIN L 8285 SETTLERS CREEK LOOP LAKELAND, FL 33810 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NANCE, EDWIN L NAME STREET ADDRESS 8285 SETTLERS CREEK LOOP CITY - ST- ZIP LAKELAND, FL 33810 <u>UQOQOO7Q5056</u> TITLE 04/23/07-80036-005 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZiP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 trusted employee do 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:

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

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