2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097689

Entity Name: PEO AUTOMATION INC.

FILED Sep 03, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ERWOOD PAF				
	200, SUITE 2				
JACKSON	IVILLE, FL 322	256 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
10151 DEI	ERWOOD PAF	RK BLVD			
	200, SUITE 2				
JACKSON	IVILLE, FL 322	256 US			
FEI Number	: 20-3149561	FEI Number Applied For ()) FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agen	t: Name and Address o	of New Registered Agent:	
BUSINES	S FILINGS INC	ORPORATED			
	ERNOR'S SQ				
SUITE 101		040000 110			
TALLAHA	SSEE, FL 323	U1296U US			
	e named entity : e of Florida.	submits this statement for	the purpose of changing its registere	d office or registered agent, or both	
SIGNATU	RE:				
	Electror	nic Signature of Registered	l Agent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
Title:	Р () Delete	Title:	() Change () Addition	
Name:	SHEALY, JOHN		Name:	· , · , · ,	
Address:	6428 JACK WF	RIGHT ISLAND ROAD	Address:		
City-St-Zip:	ST. AUGUSTIN	E, FL 32092	City-St-Zip:		
Title:	V () Delete	Title:	() Change () Addition	
Name:	SHEALY, JOHN		Name:	, , ,	
Address:		RIGHT ISLAND ROAD	Address:		
City-St-Zip:	ST. AUGUSTIN	E, FL 32092	City-St-Zip:		
Title:	s () Delete	Title:	() Change () Addition	
Name:	SHEALY, JOHN		Name:	() change () / dulitori	
Address:		RIGHT ISLAND ROAD	Address:		
City-St-Zip:	ST. AUGUSTIN		City-St-Zip:		
Title:	Т () Delete	Title:	() Change () Addition	
Name:	SHEALY, JOHN		Name:	() =	
Address:	,	RIGHT ISLAND ROAD	Address:		
City-St-Zip:	ST. AUGUSTIN		City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
mic.				() Shange () Addition	
Name:	SHEALY, JOHN	J	Name:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOHN SHEALY P 09/03/2007

ST. AUGUSTINE, FL 32092

City-St-Zip: