2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101280

Entity Name: ST. LOUIS PLUS, INC.

FILED Feb 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

46 BENNINGTON DRIVE NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 10992 NAPLES, FL 34101

FEI Number: 20-3184953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOVATT, JEFF M 821 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DP (X) Change () Addition
Name: ST. LOUIS, RAPHAEL
Address: 46 PENNINCTON DR ADT 2

 Address:
 46 BENNINGTON DR APT 3
 Address:
 46 BENNINGTON DR APT 3

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:
 NAPLES, FL 34104

Title: DST () Delete Title: () Change () Addition

 Name:
 ST. LOUIS, ANALIA
 Name:

 Address:
 46 BENNINGTON DRIVE APT 3
 Address:

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RAPHAEL ST. LOUIS P 02/10/2007