2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2007 8:00 am
Secretary of State

03-26-2007 90074 015 ***150.00

DOCUMENT # P05000136215

1. Entity Name
LARRY'S MERMAIDS, INC.

Principal Place of Business	Mailing Address
1191 PALLISTER LANE LAKE MARY, FL 32746	1191 PALLISTER LANE LAKE MARY, FL 32746

03072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
34 Seminole Dr.	3466 Hickory Nut Gap Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Debary FL	City & State: Newland NC
Zip: 32713 Country: USA	Zip: 28657 Country:

4. FEI Number: 20-3574164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTERN, LAWRENCE W
1191 PALLISTER LANE
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: Larry V. Whitley
Street Address (P.O. Box Number is Not Acceptable): 601 N. Ferncreek Ave Suite 200
City: Orlando Florida, Zip Code: 32806

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] DATE 4-11-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MATTERN, LAWRENCE M		NAME	
STREET ADDRESS	1191 PALLISTER LANE		STREET ADDRESS	3466 Hickory Nut Gap Rd.
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Newland NC 28657
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 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.

SIGNATURE: LAWRENCE W. MATTERN [signature] 3/11/07 407-970-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #