2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000138121

FILED Jan 11, 2007 8:00 am Secretary of State 01-11-2007 90050 015 ***150.00

1. Entity Nam	ne COUNTING, INC.							
Principal Plac	ce of Business	Mailing Address			*	22045	. ^ 9	
2420 OLD PINE TRAIL ORANGE PARK, FL 32003		P.O. BOX 818 Orange Park, FL 32067-0818			40001362			
						 		
		3. Mailing Address	P.O. Box 8 R			11 11 11		
Suite, Apt. #, etc. Suite, Apt. #, etc.			0	01	092007 CI	hg-P	CR2E034 (12/06)	+
City & State City & State				4.	FEI Number		, ,	pplied For
Orano	1	Orange Pa	rk, FL		20-3670420		N	ot Applicable
3207	3 USA 6. Name and Address of Current	Zip 32047 Registered Agent	Country 		Certificate of State		\$8.75 Ad Fee Require	
	Name							
BAKER, KATHY S 2420 OLD PINE TR. ORANGE PARK, FL 32003			Street Address (P.O. Box Number is Not Acceptable)					
			165	Wells	Road,	Suite	105	
			City C	range	Park		FL Zip Cod	075
 The above the obligation 	e named entity submits this statement fo tions of registered agent.	or the purpose of changing its r	egistered office or	registered ag	ent, or both, in the	e State of Flor	ida. I am familiar with	, and accept
SIGNATURE Starting & Baker Athy 5 Baker President 1/9/07 Signature, typed or profiled many of registived agent and little if applicable (NOTH Registered Agent signature required when renatating)								
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0			\$5.00 M Added to	Fees			
After M	ay 1, 2007 Fee will be \$550.0	DIRECTORS	bution.	Added to	Fees	GES TO OFFIC	CERS AND DIRECTOR	
After M	ay 1, 2007 Fee will be \$550.0	OO Trust Fund Contri	ibution.	Added to AC PVST Baker, 2031	DITIONS/CHANG	int Cf	Change	RS IN 11
10. TITLE NAME STREET ADDRESS	OFFICERS AND PVST BAKER, KATHY S 2420 OLD PINE TR.	DIRECTORS	11. TITLE NAME STREET ADDRESS	Added to AC PVST Baker, 2031	Fees DITIONS/CHANG	int Cf	Change	
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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.

Kathy S Baker, President 1/9/07 904-264-9008 SIGNATURE: 9