


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90031 012 \*\*\*150.00

<b>DOCUMENT # P05000143505</b>	
1. Entity Name <b>CITRASTEAM INC</b>	

Principal Place of Business <b>6334 GAINSBORO DR PORT RICHEY, FL 34668</b>	Mailing Address <b>5408 SAINT JAMES DRIVE NEW PORT RICHEY, FL 34652 US</b>
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2. Principal Place of Business - No P.O. Box # <b>17023 Tarvest Court</b>	3. Mailing Address <b>7143 State Road 54</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#157</b>
City & State <b>Land O Lakes, FL</b>	City & State <b>New Port Richey, FL</b>
Zip <b>34638</b>	Zip <b>34653</b>
Country	Country <b>Pasco</b>

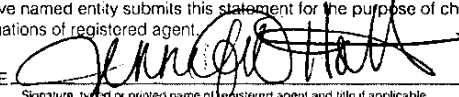
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05072007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>KELLY, DREW 5408 SAINT JAMES DRIVE NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent Name <b>Jennifer Holt</b> Street Address (P.O. Box Number is Not Acceptable) <b>17023 Tarvest Court</b> City <b>Land O Lakes</b> <b>FL</b> Zip Code <b>34638</b>	
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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.

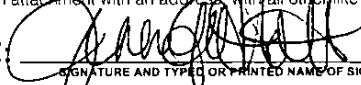
SIGNATURE:  DATE: **5/14/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, RONALD D II 6334 GAINSBORO DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Holt, Ronald D II <del>6334</del> 17023 Tarvest Court Land O Lakes, FL 34638 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLT, JENNIFER N 6334 GAINSBORO DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Holt, Jennifer N 17023 Tarvest Court Land O Lakes, FL 34638 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **5/14/07** 727 207-5705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR