

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168248

FILED
Apr 27, 2007
Secretary of State

Entity Name: CHRISTIAN'S COUNTRY CORNER INC.

Current Principal Place of Business:

15693 STATE RD. 121 NORTH
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

9926 BEACH BLVD.
SUITE 362
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 42-1689244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: MADSEN, RICH
Address: 9926 BEACH BLVD STE 362
City-St-Zip: JACKSONVILLE, FL 32246

Title: DV () Delete
Name: MADSEN, ASHLEY
Address: 9926 BEACH BLVD STE 362
City-St-Zip: JACKSONVILLE, FL 32246

Title: DS () Delete
Name: MADSEN, CHRISTIAN
Address: 9926 BEACH BLVD STE 362
City-St-Zip: JACKSONVILLE, FL 32246

Title: DT () Delete
Name: MADSEN, MARY
Address: 9926 BEACH BLVD STE 362
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RICH P. MADSEN

DP

04/27/2007

Electronic Signature of Signing Officer or Director

Date