2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001065

Entity Name: MISSING ALERT, INC.

City-St-Zip:

CAPE CORAL, FL 33990

FILED Jul 11, 2007 Secretary of State

| | Medi Micolità Allerti, ilto. | | | |
|---|--|---|--|--|
| Current P | rincipal Place of Business: | New Principal Place o | New Principal Place of Business: | |
| | THEAST 3RD STREET RAL, FL 33990 | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| | THEAST 3RD STREET RAL, FL 33990 | | | |
| FEI Number: | : FEI Number Applied For (λ | () FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | t: Name and Address of | Name and Address of New Registered Agent: | |
| 1840 SW 2 4TH FLOO | | | | |
| | named entity submits this statement for e of Florida. | the purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | |
| | Electronic Signature of Registere | d Agent | Date | |
| | ce with s. 607.193(2)(b), F.S., the corporation npaign Financing Trust Fund Contribution (| • | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () Delete WILLIAMS, LANE 2215 SOUTHEAST 3RD STREET CAPE CORAL, FL 33990 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VTD () Delete FRIEL-WILLIAMS, SUSAN E 2215 SOUTHEAST 3RD STREET CAPE CORAL, FL 33990 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: | SD () Delete FRIEL, MICA 2215 SOUTHEAST 3RD STREET | Title: (Name: Address: |) Change () Addition | |

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.

City-St-Zip:

SIGNATURE: LANE WILLIAMS PD 07/11/2007