

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 07, 2007 8:00 am
Secretary of State

04-16-2007 90035 008 ***150.00

DOCUMENT # P06000002366 1. Entity Name PANHANDLE STRATEGIES INC.					
Principal Place of Business 8762 ORTEGA PARK DRIVE NAVARRE, FL 32566 US			Mailing Address 8762 ORTEGA PARK DRIVE NAVARRE, FL 32566 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03142007 Chg-P CR2E034 (12/06) 4. FET Number <div style="font-size: 24px; font-weight: bold; text-align: center;">84-1699035</div> <div style="text-align: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MCMINN, WYNDE 8608 TUPELO DR. NAVARRE, FL 32566	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMINN, KEVIN M 8762 ORTEGA PARK DRIVE NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <div style="float: right; text-align: right;"> <div style="font-size: 24px; font-weight: bold;">4-4-07</div> <div style="font-size: 18px; font-weight: bold;">850-936-8946</div> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					