

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004354

FILED
May 17, 2007
Secretary of State

Entity Name: EVANS ADVERTISING CO.

Current Principal Place of Business:

870 COTTON BAY DRIVE WEST, SUITE 403
WEST PALM BEACH, FL 33416

New Principal Place of Business:

17839 THELMA AVE
B
JUPITER, FL 33458

Current Mailing Address:

POST OFFICE BOX 22423
WEST PALM BEACH, FL 33146

New Mailing Address:

FEI Number: 20-4102708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: EVANS, AARON H
Address: 870 COTTON BAY DRIVE WEST, SUITE 403
City-St-Zip: WEST PALM BEACH, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: EVANS, AARON H
Address: 17839 THELMA AVE
City-St-Zip: JUPITER, FL 3345812

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: AARON EVANS

DPST

05/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date