


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90179 027 \*\*\*150.00

<b>DOCUMENT # P06000008994</b> 1. Entity Name <b>THE OPEN TOMB, INC.</b>					
Principal Place of Business <b>200-Q JOHN KNOX ROAD TALLAHASSEE, FL 32303</b>			Mailing Address <b>200-Q JOHN KNOX ROAD TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>20-415 6988</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOLFE, SR. LARRY S 200-A JOHN KNOX ROAD TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name <b>Wolfe &amp; Saley CPAs</b> Street Address (P.O. Box Number is Not Acceptable) <b>200-A John Knox Rd</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>	
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 <u><i>Larry S. Wolfe</i></u> <b>Partner</b> DATE <b>4/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, LARRY S 200-A JOHN KNOX ROAD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Larry S. Wolfe</i></u> <b>Larry S. Wolfe Pres</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/4/07</b> Daytime Phone # <b>850 385 6089</b>		