2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2007-90003-048-$150.00-$150.00

FILED

2007 OCT -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000020573

1. Entity Name
SPECIAL WISHES, INC.

Principal Place of Business	Mailing Address
103 BROADWAY KISSIMMEE, FL 34741	2123 BLACKSTONE LANDING DRIVE KISSIMMEE, FL 34758

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2123 BLACKSTONE Suite, Apt. #, etc. LANDING DR	Suite, Apt. #, etc.
City & State: KISSIMMEE FLA	City & State
Zip: 34758 Country: USA	Zip Country

05082007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-4310553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A H GANTT CPA & ASSOCIATES PA 3359 W VINE ST 104 KISSIMMEE, FL 34741	Name: MEYRICK ADDIS Street Address (P.O. Box Number is Not Acceptable): 2123 BLACKSTONE LANDING DR City: KISSIMMEE FL Zip Code: 34758

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: Meyrick Addis 9/1/07
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required on printed copy) DATE

FILE NUMBER FEE IS $150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADDIS, MEYRICK 2123 BLACKSTONE LANDING DRIVE KISSIMMEE, FL 34758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ADDIS, PATRICIA E 2123 BLACKSTONE LANDING DRIVE KISSIMMEE, FL 34758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADDIS, JAMES P 3318 BENSON PARK BLVD. ORLANDO, FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Meyrick Addis MEYRICK ADDIS 9/1/07 407-288-6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/3
CW