2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

						03-12-2007 90094 037 ***150.00				
DOCUMENT # P06000022367 1. Entity Name INVENTING MINDS, INC.								15/ ****15	U.UU	
Principal Place of Business Mailing Address					1 4 (1033538	ı			
7050 PENINS LAKE WORTH	7050 PENINSULA COUR LAKE WORTH, FL 3346	050 PENINSULA COURT								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		•	4. FEI Number 57 - 12.	32708		<u>-</u>	plied For t Applicable	
Zip	Country	Zip	Zip Country			f Status Desired		\$8.75 Add		
	6. Name and Address of Current		7. Name and A	ddress of New R						
LEYENDECKER, THOMAS J				Name						
7050 PENINSULA COURT LAKE WORTH, FL 33467				Street Address (reet Address (P.O. Box Number is Not Acceptable)					
	•									
				City			FL	Zip Code	e	
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.	Signature, typed or printed name of registered agent	Agent signature require	d when reinstating)		DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	cing \$5	.00 May Be led to Fees							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEYENDECKER, THOMAS J 7050 PENINSULA COURT			Į.				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA ST			I .				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAI STR							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				☐ Change	Addition	

12. I hereby certify that the information supplied with the filling 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 frue and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/9/07

561-722-9250

Daytime Phone #