2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000028291 01-16-2007 90189 004 ***150.00 LAKE HICKORY VENTURES, INC. Principal Place of Business Mailing Address 22210 FAIRMOUNT COURT 22210 FAIRMOUNT COURT ESTERO, FL 33928 ESTERO, FL 33928 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4191010 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKEE, DAVID E 22210 FAIRMOUNT COURT Street Address (P.O. Box Number is Not Acceptable) ESTERO, FL 33928 City Zip Code 8. The above named patity 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. DAVID E. MCKEE - PRESIDENT SIGNATURE. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ■ Addition MCKEE, BAVID E NAME 22210 FAIRMOUNT COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition MCKEE, JANET NAME NAME 22210 FAIRMOUNT COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this 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 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.

DAVID E

SIGNATURE:

FILED

898-4008