2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 23, 2007 8:00 am **Secretary of State DOCUMENT # P06000037365** 02-23-2007 90021 039 ***150.00 REYS ELITE SERVICES, INC. Principal Place of Business Mailing Address 40023186 1109 CARDINAL CREEK PL 1109 CARDINAL CREEK PL OVIEDO, FL 32765 US OVIEDO, FL 32765 2. Principal Place of Business - No P.O. Box # 904 Belhaven D 3. Mailing Address elhauen Dr Suite, Apt. #, etc 02162007 CR2E034 (12/06) 0 r land Applied For City & State City & State 20-4488364 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired <u> رکخ 4</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name erra HAYES, BRENDA Street Address (P.O. Box Number is Not Acceptable) 1109 CARDINAL CREEK PL OVIEDO, FL 32765 32828 Zip Code FL 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 (NOTE: Registered Agent signature required when ted name of registered agent and title if applicable \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** Change Addition TILE TITLE. HAYES, BRENDA NAME PSTDUD Name 3 STREET ADDRESS 1109 CARDINAL CREEK PL STREET ADDRESS address chinged OVIEDO, FL 32765 CITY-ST-ZIP CITY-ST-ZIP TITLE VD Delete Change ■ Addition BONILLA, CARMEN NAME NAME Delete STREET ADDRESS 1109 CARDINAL CREEK PL STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP tine Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

changed from Brenda Houses * NamE