

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054991

Entity Name: UP YOUR ALLEY INC

FILED
Jun 19, 2007
Secretary of State

Current Principal Place of Business:

80 EAST HIGHWAY 30 A
LILYPADS
GRAYTON BEACH, FL 32459 US

New Principal Place of Business:

36 UPTOWN GRAYTON CIRCLE
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

196 MIRACLE STRIP PARKWAY SE
SUITE D-1
FT WALTON BEACH, FL 32548

New Mailing Address:

36 UPTOWN GRAYTON CIRCLE
SANTA ROSA BEACH, FL 32459 US

FEI Number: 20-4723187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAESER, MARIA J
915 CLAEVEN CIRCLE
FT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

BOWLING, LYNNE L
282 KIDD STREET
FT WALTON BEACH, FL 32548 US

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.

SIGNATURE: LYNNE L BOWLING

06/19/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWLING, LYNNE L
Address: 282 KIDD STREET
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: VP () Delete
Name: BLAESER, MARIA J
Address: 915 CLAEVEN CIRCLE
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: S (X) Delete
Name: BLAESER, JOHN P
Address: 915 CLAEVEN CIRCLE
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: T (X) Delete
Name: BOWLING, KATHLYN M
Address: 282 KIDD STREET
City-St-Zip: FT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BOWLING, KATHLYN M
Address: 282 KIDD STREET
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE L BOWLING

P

06/19/2007

Electronic Signature of Signing Officer or Director

Date