## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 07, 2007 8:00 am Secretary of State **DOCUMENT # P06000068186** 05-07-2007 90066 009 \*\*\*158.75 FREDERICK VENTURES INC. Principal Place of Business Mailing Address 5052 ROLAND RD 707 EAST CERVANTES STREET PACE, FL 32571 SUITE B PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05042007 Applied For 4. FE! Number City & State City & State 74.3177622 Not Applicable Country \$8.75 Additional Zip Country 区 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREDERICK, WILMA L Street Address (P.O. Box Number is Not Acceptable) 5052 ROLAND RD PACE, FL 32571 City Zip Code 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the $\Box$ Added to Fees corporation did not receive the prior notice. Trust Fund Contribution. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE 5-4-07 sel distribute de dition FREDERICK, RONALD E SR. NAME NAME 5052 ROLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-7IP TITLE ☐ Delete TITLE notice but remembered without A sometime in May deadlene. I just Checked offine the websites down to aled NAME FREDERICK, WILMA L STREET ADDRESS STREET ADDRESS 5052 ROLAND RD CITY-ST-ZIP CITY-ST-ZIP PACE, FL 32571 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE dition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 it 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.

WILMA L FREDERICK 05-04-07 607-7732

REDIERTOR Date Daylore Phone & OFL

FILED