


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90067 036 ***158.75

DOCUMENT # P06000068700	
1. Entity Name MOTLEY SAINT, INC.	

Principal Place of Business 5415 LAKE HOWELL RD. #259 WINTER PARK, FL 32792	Mailing Address 5415 LAKE HOWELL RD. #259 WINTER PARK, FL 32792
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2. Principal Place of Business - No P.O. Box # 5524 Applegate Dr.	3. Mailing Address 5524 Applegate Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

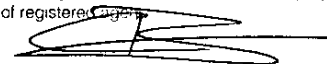
City & State Spring Hill, FL	City & State Spring Hill, FL
Zip 34606	Zip 34606
Country USA	Country USA



04122007 Chg-P CR2E034 (12/06)

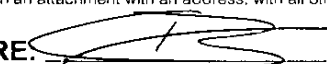
6. Name and Address of Current Registered Agent BYRUM, CHRISTOPHER T 127 W. FAIRBANKS AVENUE #471 WINTER PARK, FL 32789	
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7. Name and Address of New Registered Agent Name Byrum, Christopher T Street Address (P.O. Box Number is Not Acceptable) 5524 Applegate Dr. City Spring Hill FL Zip Code 34606	
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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 	PRESIDENT 4-12-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BYRUM, CHRISTOPHER T 127 W. FAIRBANKS AVENUE #471 WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Byrum, Christopher T 5524 Applegate Dr. Spring Hill, FL 34606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE 	PRESIDENT 4-12-2007 (407)-968-6272
Signature and typed or printed name of signing officer or director Date Daytime Phone #	