2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 3/4 Mar 19, 2007 8:00 am Secretary of State

DOCUMENT # P06000073243 1. Entity Name 2617, INC.			03-05-2007 90044 006 ***158.75
Principal Place of Business POST OFFICE BOX 1208 BOCA RATON, FL 33429	Mailing Address POST OFFICE BOX 120 BOCA RATON, FL 334		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip Country	ZIp	Country	Certificate of Status Desired
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
HOSKINS, JIM L 2560 RCA BOULEVARD			f Snow 5 (P.O. Box Number is Not Acceptable) SW 2nd Street
SUITE 108 PALM BEACH GARDENS, FL 33410		/81	. Sw 2nd Street
, , , , ,		City	a Raton FL Zip Code
Boca Ration State of Florida. I am familiar with, and accept the obligations disregistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations disregistered agent.			
SIGNATURE All Inc		Jeff Sn	10w 2/26/07
	t and ide if applicable. (NOT	E. Registered Agent signeture require	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont	ign Financing \$8 inbution.	5.00 May Be ided to Fees
10. OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME SNOW, JEFFREY E	☐ Ucitie	NAME	☐ Change ☐ Addition
STREET ADDRESS POST OFFICE BOX 1208 CITY-ST-ZIP BOCA RATON, FL 33429		STREET ADDRESS CITY+ST+ZIP	
D NAME SNOW, JEFFREY E	☐ Defete	TITLE	Change Addition
STREET ADDRESS POST OFFICE BOX 1208		NAME Street address	
TITLE BOCA RATON, FL 33429	☐ Delete	CITY-SI-ZIP	☐ Chance ☐ Addition
NUME	CT Design	HAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE .	Change Addition
STREET ADDRESS		STREET ADDRESS	
DILE	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-S1-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delette	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-79		STREET ADDRESS CITY-ST-ZIP	
<u> </u>		CI11-21-71-	
indicated on this report or supplemental report i	s true and accurate and that movered to execute this report.	ny signature shall have the as required by Chapter 60	ed in Chapter 119, Florida Statutes, Flumber certify that the information is same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if