
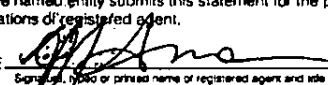
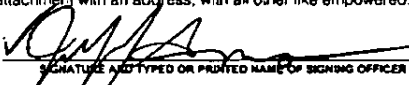


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

3/1 **FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90044 006 \*\*\*158.75

<b>DOCUMENT # P06000073243</b>					
1. Entity Name 2617, INC.					
Principal Place of Business POST OFFICE BOX 1208 BOCA RATON, FL 33429			Mailing Address POST OFFICE BOX 1208 BOCA RATON, FL 33429		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-4939798</b>	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOSKINS, JIM L 2560 RCA BOULEVARD SUITE 108 PALM BEACH GARDENS, FL 33410			Name <b>Jeff Snow</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>781 SW 2nd Street</b>		
			City <b>Boca Raton</b> FL Zip Code <b>33486</b>		
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 		<b>Jeff Snow</b>		DATE <b>2/26/07</b>	
FILE NOW!!! FEE IS \$160.00 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SNOW, JEFFREY E POST OFFICE BOX 1208 BOCA RATON, FL 33429	<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	D SNOW, JEFFREY E POST OFFICE BOX 1208 BOCA RATON, FL 33429	<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: 		<b>Jeffrey E. Snow</b>		DATE <b>2/26/07</b> (561) 843-6661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	