2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# P06000074667

Entity Name: ALLIED PIVOT SALES, INC.

Current Principal Place of Business:

P.O. BOX 1084
OKEECHOBEE, FL 34973

New Principal Place of Business:

2912 N.W. 35TH DRIVE
OKEECHOBEE, FL 34972 US

Current Mailing Address:

P.O. BOX 1084
OKEECHOBEE, FL 34973

New Mailing Address:

P.O. BOX 1084
OKEECHOBEE, FL 34973 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORWIN, MIKE D
2912 N.W. 35TH DRIVE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: CORWIN, MIKE D
Address: 2912 N.W. 35TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP ( ) Delete
Name: BRYAN, DENNIS
Address: 1530 N.W. 25TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: T (X) Delete
Name: GOGGANS, BILLY P
Address: 6868 N.E. 1ST STREET
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: CORWIN, MIKE D
Address: 2912 N.W. 35TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972 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 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: MIKE D. CORWIN P/S 01/03/2007
Electronic Signature of Signing Officer or Director Date