


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90176 043 ***150.00

DOCUMENT # P06000076933		
1. Entity Name MICHAEL STRUTHERS, INC.		

Principal Place of Business 2284 CUMBERLAND CIR - # 1015 CLEARWATER, FL 33763	Mailing Address 2284 CUMBERLAND CIR - # 1015 CLEARWATER, FL 33763
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40059982



2. Principal Place of Business - No P.O. Box # 3455 COUNTRYSIDE Blvd	3. Mailing Address 3455 COUNTRYSIDE Blvd
Suite, Apt. #, etc. # 99	Suite, Apt. #, etc. # 99

04022007 Chg-P CR2E034 (12/06)

City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33761	Zip 33761
Country	Country

4. FEI Number 20-4990476	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRUTHERS, MICHAEL 2284 CUMBERLAND CIR - # 1015 CLEARWATER, FL 33763	
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7. Name and Address of New Registered Agent Name STRUTHERS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3455 COUNTRYSIDE Blvd # 99 City CLEARWATER FL Zip Code 33761	
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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 <u><i>Michael B. Struthers</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	MICHAEL STRUTHERS 4-11-07 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

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 STRUTHERS, MICHAEL 2284 CUMBERLAND CIR - # 1015 CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P16 STRUTHERS, MICHAEL 3499 COUNTRYSIDE Blvd # 99 CLEARWATER FL 33761 <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
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
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: <u><i>Michael B. Struthers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PRES. 4-11-07 <small>Date</small> MICHAEL STRUTHERS <small>Daytime Phone #</small>