

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

07-20-2007 90017 039 \*\*\*558.75

<b>DOCUMENT # P06000106291</b>			
1. Entity Name <b>21ST CENTURY ENERGY CORP.</b>			
Principal Place of Business <b>1157 SAN MICHELE WAY PALM BEACH GARDENS FL 33418</b>		Mailing Address <b>1157 SAN MICHELE WAY PALM BEACH GARDENS FL 33418</b>	
2. Principal Place of Business - No P.O. Box # <b>SAME</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20 5396923</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



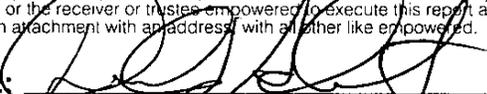
2nd MOORE CR2E034 (4/07)

6. Name and Address of Current Registered Agent <b>SCHWARTZ, DIANE 1157 SAN MICHELE WAY PALM BEACH GARDENS FL 33418</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State.</b>	S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHWARTZ, DONALD</b>		NAME	
STREET ADDRESS <b>1157 SAN MICHELE WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHWARTZ, DIANE</b>		NAME	
STREET ADDRESS <b>1157 SAN MICHELE WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHWARTZ, DAVID</b>		NAME	
STREET ADDRESS <b>1157 SAN MICHELE WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

**SIGNATURE**  **President** **7/20/07** **5616254410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #