## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jan 29, 2007 8:00 am Secretary of State DOCUMENT # P06000121205 01-29-2007 90064 043 \*\*\*150.00 1. Entity Name THE GUEST LIST, INC. AUUVU\*-Principal Place of Business Mailing Address 1365 WINDSONG RD 1365 WINDSONG RD ORLANDO, FL 32809 ORLANDO, FL 32809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State City & State 5581077 20-Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent URANICK, CRAIG Street Address (P.O. Box Number is Not Acceptable) 1365 WINDSONG RD ORLANDO, FL 32809 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Ρ ☐ Addition TITLE ☐ Defete TITLE Change URANICK, CRAIG NAME STREET ADDRESS STREET ADDRESS 1365 WINDSONG RD ORLANDO, FL 32809 CITY - ST - ZIP CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change ■ Addition REARDON, DEAN 290 EAGLE KNOB POINTE STREET ADDRESS STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 apachment with an address, with all other like empowered.

SIGNATURE

FILED

Daytime Phone #