

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90033 040 \*\*\*150.00

<b>DOCUMENT # P06000128761</b>					
<b>1. Entity Name</b> <b>BOYS UNLIMITED INC</b>					
<b>Principal Place of Business</b> <b>1173 PALO ALTO STREET SE</b> <b>PALM BAY, FL 32909 US</b>			<b>Mailing Address</b> <b>2190 CANOPY DRIVE</b> <b>MELBOURNE, FL 32935 US</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <i>953 Palo Alto St. SE</i>		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Palm Bay, FL</i>		<b>City &amp; State</b>		<b>4. FEI Number</b> <i>20-5610649</i>	
<b>Zip</b> <i>32909</i>		<b>Country</b> <i>US</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>ROLLE, MARCEL G</b> <b>2190 CANOPY DRIVE</b> <b>MELBOURNE, FL 32935</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> <b>ROLLE, MARCEL G</b> <input type="checkbox"/> Delete <b>2190 CANOPY DRIVE</b> <b>MELBOURNE, FL 32935</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<i>President</i> <i>Rolle, Valerie H.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2190 Canopy Drive</i> <i>Melbourne, FL 32935</i>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> <b>ROLLE, VALERIE H</b> <input type="checkbox"/> Delete <b>2190 CANOPY DRIVE</b> <b>MELBOURNE, FL 32935</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<i>SEC.</i> <i>Rolle, Marcel G.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2190 Canopy Drive</i> <i>Melbourne, FL 32935</i>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> <b>OWENS, VALERIA R</b> <input type="checkbox"/> Delete <b>871 QUANAH STREET SE</b> <b>PALM BAY, FL 32909</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<i>Owens, Valeria R.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2732 Palisades Drive SE</i> <i>Palm Bay, FL 32909</i>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Valeria R. Owens, Treasurer</i>			<i>4/6/07 (21) 953-6728</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		