

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134426

Entity Name: EXCLUSIVELY LEGAL, INC.

FILED
Jun 11, 2007
Secretary of State

Current Principal Place of Business:

818 NORMANDY TRACE ROAD
TAMPA, FL 33602

New Principal Place of Business:

412 SOUTH HOWARD AVENUE, SUITE
TAMPA, FL 33606

Current Mailing Address:

818 NORMANDY TRACE ROAD
TAMPA, FL 33602

New Mailing Address:

P.O. BOX 426
TAMPA, FL 33601

FEI Number: 20-5782804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, DOROTHY A
818 NORMANDY TRACE ROAD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

JACKSON, DOROTHY A
412 SOUTH HOWARD AVENUE, SUITE 4
TAMPA, FL 33606 US

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:

06/11/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, DOROTHY A
Address: 818 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: HALL, SUEANN M
Address: 101 MURFIELD COURT
City-St-Zip: AVONDALE, PA 19311

Title: SEC () Delete
Name: JACKSON, DOROTHY A
Address: 818 NORMANDY TRACE
City-St-Zip: TAMPA, FL 33602

Title: TREA () Delete
Name: HALL, SUEANN M
Address: 101 MURFIELD COURT
City-St-Zip: AVONDALE, PA 19311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HALL, SUEANN M
Address: 101 MURFIELD COURT
City-St-Zip: AVONDALE, PA 19311

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 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: DOROTHY A, JACKSON

PRES

06/11/2007

Electronic Signature of Signing Officer or Director

Date