2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138771

P.O. BOX 618132

ORLANDO, FL 32861

Address:

City-St-Zip:

FILED Apr 25, 2007 Secretary of State

Entity Nai	ne: EVENTS	64U, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
6607 HIAWASSEE MEADOWS DR. ORLANDO, FL 32818				5621 RIORDAN WAY ORLANDO, FL 32808			
Current Mailing Address:			New Mailin	New Mailing Address:			
P.O. BOX ORLANDO	618132), FL 32861						
FEI Number	68-0637627	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desir	red ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
HAYNES, KATHY L. 6607 HIAWASSEE MEADOWS DR. ORLANDO, FL 32818 US			5621 RIOR	HAYNES, KATHY L. 5621 RIORDAN WAY ORLANDO, FL 32808 US			
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing it	s registered	office or registered agent	t, or both,	
SIGNATUR	RE:			04/25/2007			
	Electro	nic Signature of Registered Age	ent		Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP (REESE, CATH P.O. BOX 810 BOCA RATON	741	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	HAYNES, KAT	SEE MEADOWS DR.	Title: Name: Address: City-St-Zip:	DVS (X HAYNES, KAT P.O. BOX 618 ORLANDO, FL	132		
Title: Name: Address: City-St-Zip:	DVT (DIXON, TERR P.O. BOX 618 ORLANDO, FL	132	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name:	DVC (BROOKS, TIF) Delete FANY M.	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: KATHY HAYNES DVS 04/25/2007