

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153232

Entity Name: VIABLE RESOURCES, INC.

FILED  
Jan 19, 2007  
Secretary of State

**Current Principal Place of Business:**

7724 ALISTER MACKENZIE DRIVE  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

7724 ALISTER MACKENZIE DRIVE  
SARASOTA, FL 34240

**New Mailing Address:**

6547 S. CODY WAY  
LITTLETON, CO 80123

FEI Number: 20-8165557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASTELLANO, NELSON T  
101 E KENNEDY BLVD, SUITE 2700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GANNON, TIMOTHY J  
Address: 7724 ALISTER MACKENZIE DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: GANNON, POLLY K  
Address: 7724 ALISTER MACKENZIE DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: GUZZETTA, BOB  
Address: 905 BERKELEY ROAD  
City-St-Zip: WILMINGTON, DE 19807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: JAMIE L. HUSARIK

BM

01/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date