2007 FOR PROFIT CORPORATION

SIGNATURE

## FILED **ANNUAL REPORT** Feb 23, 2007 08:00 A Secretary of State **DOCUMENT # P92000011191** SHANNON T. PITNER AND COMPANY Mailing Address Principal Place of Business 410 N. MIRAMAR AVE. 410 N. MIRAMAR AVE. INDIALANTIC, FL 32903 US INDIALANTIC, FL 32903 CR2E034 (11/05) 02192007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3161033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PITNER, SHANNON DO NOT WRITE 1400 S. RIVERSIDE DRIVE INDIALANTIC, FL 32903 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when remetating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 - ... **'**' Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PITNER, SHANNON T 1400 S. RIVERSIDE DRIVE STREET ADDRESS INDIALANTIC, FL CITY-ST-ZIP U00000646077 03/06/07-80016-011 150.00 TITLE PITNER, SHANNON T NAME STREET ADDRESS 1400 S. RIVERSIDE DRIVE INDIALANTIC, FL CITY-ST-ZIP MILE PITNER, SHANNON NAME STREET ADDRESS 1400 S. RIVERSIDE DRIVE DO NOT WRITE CITY-ST-ZIP INDIALANTIC, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IM E NAME STREET ADDRESS CITY-ST-ZIP 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

INTED NAME OF INGNING OFFICER OR DIRECTOR