## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000012799

1. Entity Name

AFFILIATES REFERRAL, INC.



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

201 2ND AVENUE N

ST PETERSBURG, FL 33701

Mailing Address

201 2ND AVENUE N

ST PETERSBURG, FL 33701



٠.	· c							45 .
Ī	OC	V	OT	WR	ITE I	N THI	S SP	ACE

04272007 No Chg-P CR2E

CR2E034 (11/05)

4. FEI Number 59-3168512

Applied For Not Applicable

5. Certificate of Status Desired

女

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BROWN, RICHARD H 201 2ND AVENUE N ST PETERSBURG, FL 33701

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the glions of registered agent.	purpose of changing its re	egistered office or registered agent,	or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE. F	Registered Agent signature required when reinstat	ng) DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		Je
10.	OFFICERS AND DIRE	CTORS		The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, RICHARD H 201 2ND AVENUE N ST PETERSBURG, FL 33701			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Market State of the Control of the C	000000752012 05/18/07-80126-003 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	٠٠ . ت ١٠٠٠	· ·		
NAME STREET ADDRESS		e de la companya de l	a grand the second	

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 supplied ental 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.

NG OFFICER OR DIRECTOR