

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90053 039 \*\*\*150.00

<b>DOCUMENT # P93000050147</b> 1. Entity Name <b>DREIFUS ASSOCIATES, LTD., INC.</b>					
Principal Place of Business <b>3300 W LAKE MARY DRIVE SUITE 300 LAKE MARY, FL 32746 US</b>			Mailing Address <b>3300 W LAKE MARY DRIVE SUITE 300 LAKE MARY, FL 32746 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3600 MAITLAND CENTER PKWY Suite, Apt. #, etc. SUITE 295</b>		3. Mailing Address <b>3600 MAITLAND CENTER PKWY Suite, Apt. #, etc. SUITE 295</b>			
City & State <b>MAITLAND, FL</b>		City & State <b>MAITLAND, FL</b>		4. FEI Number <b>59-3193106</b>	
Zip <b>32751</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DREIFUS, HENRY N 1899 LAKE MARKHARM PRESERVE TRAIL SANFORD, FL 32771</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Henry Dreyfus</i></u> <b>HENRY DREIFUS PRESIDENT</b> <u>7/31/07</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DREIFUS, HENRY N 1899 LAKE MARHAM PRESERVE TR SANFORD, FL 32771</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Henry Dreyfus</i></u> <b>HENRY DREIFUS</b> <u>7/31/07</u> (407) 585-2840 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					