## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an

SIGNATURE:

## **FILED** May 03, 2007 08:00 AM Secretary of State DOCUMENT # P93000054553 ALAN LAFLIN INC. Principal Place of Business Mailing Address P O BOX 4065 P O BOX 4065 FT WALTON BCH, FL 32549 FT WALTON BEACH, FL 32549 CR2E034 (11/05) 05012007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3193466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAFLIN, ALAN P DO NOT WRITE 305 ST CHARLES AVENUE NICEVILLE, FL 32578 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 publied name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000758166 FILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 05/23/07-80101-015 150.00 10. OFFICERS AND DIRECTORS TITLE LAFLIN, ALAN NAME STREET ADDRESS P O BOX 4065 CITY-ST-ZIP FT WALTON BCH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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