## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

ANNUAL REPORT				_	Ahi	30, 200 / 03.00
DOCUMENT # P94000027448						Secretary of Sta
	MAKER, INC.					
Principal Plac	e of Business	Mailing Address				
1403 MALDO PENSACOLA	ONADO DR BEACH, FL 32561	1403 MALDONADO DR PENSACOLA BEACH, FL 32561	l	( † <b>10</b> (() <b>0.0</b> () )	(A 1817) BFB(( 88(1) AB))( A	NY MANGRITHANI AMIN'NY MANDRISTRA NY INDRANDRA NY INDRANDRA NY INDRANDRA NY INDRANDRA NY INDRANDRA NY INDRANDRA
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DO NOT WRITE IN THIS SPA			CE	04162007 4. FEI Numb		CR2E034 (11/05)  Applied For
				59-323		Not Applicable   \$8.75 Additional
				5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Curren	t Registered Agent				
	STEVE DONADO DR DLA BEACH, FL 32561	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement ions of registered agent.	or the purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Fl	orlda. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ages	at and title if applicable (NQTE: Registered	1 Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			cing <b>\$5.</b>	00 May Be ed to Fees		
10.	OFFICERS AND	DIRECTORS				
TITLE NAME	DUPUIS, STEVE					•
STREET ADDRESS	1403 MALDONADO DR		l			
CITY-ST-ZIP	PENSACOLA BEACH, FL 3256	81				
TITLE NAME STREET ADDRESS					00000 05/18/01	00748831 7-80001-001 150.00
CITY+ST-ZIP TITLE						
NAME			•			
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TITLE NAME						
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CITY-ST-ZIP					•	
TITLE NAME					•	

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 factoriate 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 an officer like empowered.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND PED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/20/2007

Daytime Phone #