


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90363 007 ***150.00

DOCUMENT # P94000061891	
1. Entity Name FIELDTRIP CORPORATION	

Principal Place of Business C/O DIANA KELLY 2135 S CONGRESS AVE #1C WEST PALM BEACH, FL 33406 US	Mailing Address C/O DIANA KELLY 2135 S CONGRESS AVE #1C WEST PALM BEACH, FL 33406 US
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40033929

2. Principal Place of Business - No P.O. Box # 100 E. Linton Blvd., Suite 204A	3. Mailing Address 100 E. Linton Blvd., Suite 204A
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483	Country USA

01082007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0513177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, DIANA 2135 S CONGRESS AVE., STE 1C WEST PALM BEACH, FL 33406	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 E. Linton Blvd., Suite 204A City Delray Beach, FL 33483 FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, DIANA 2135 S CONGRESS AVE., STE 1C WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100 E. Linton Blvd., Suite 204A Delray Beach, FL 33483 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Diana Kelly 3-8-07 561-243-1644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #