2007 FOR PROFIT CORPORATION

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| ANNUAL REPORT | | | | | Mar 05, 2007 08:00 | | | |
|--|---|--|--|------------------------------------|--------------------|--------------------------------|------------------------------------|--|
| DOCUMENT # P94000063874 1. Entity Name RON ANDERSON & COMPANY, INC. | | | | | S | ecretary | of Sta | |
| Principal Plac 4801 WAY CI FORT MYERS | ROSS ROAD | Mailing Address POST OFFICE BOX 61311 FORT MYERS, FL 33906 | , | | | | | |
| D | OO NOT WRITE | IN THIS SPA | CE | 02012007 4. FEI Numbe 65-051 | No Chg-P | } |) opplied For lot Applicable | |
| Name and Address of Current Registered Agent ANDERSON, RONALD P 6572 KESTREL CIRCLE FORT MYERS, FL 33912 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. | | | DO NOT WRITE IN THIS SPACE red 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 | The Happlicable (NOTE, Register 9. Election Campaign Fina | | when reinstating) .00 May Be | • | Z/ZA/07 | | |
| After M. | ay 1, 2007 Fee will be \$550.00 | | Ll Add | led to Fees | · | | | |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZEP TITLE NAME | PVST ANDERSON, RONALD P 6572 KESTREL CIRCLE FORT MYERS, FL 33912 D ANDERSON, RONALD P | RECTORS | | | 93/13/0 | 0654 <u>957</u> 7-80084-007 | 150,00 | |
| STREET ADDRESS CITY-SI-ZIP THLE HSTAME STREET ADDRESS CITY-SI-ZIP | 6572 KESTREL CIRCLE FORT MYERS, FL 33912 | | | DO | NOT W | 'RITE | | |
| HILE NAME STREET ADDRESS CITY ST-ZIP HITLE NAME | | | - | IN [*] | THIS SF | PACE | | |
| STREET ADORESS 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Dark Darkens Promo P SIGNATURE: