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Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000087800

1. Entity Name
SUMMIT ENTERPRISES PARTNERS, INC.

Principal Place of Business	Mailing Address
17687 ASHLEY DR. PANAMA CITY BEACH, FL 32413	P.O. BOX 9088 PANAMA CITY, FL 32417

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3304478 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARE, DIANE C
2589 JENKS AVE.
~~SUITE A~~
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

Name: Diane C. Hare CPA
Street Address (P.O. Box Number is Not Acceptable): 2589 Jenks Ave.
City: Panama City FL Zip Code: 32405

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: Diane C Hare CPA — 03-20-07
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ — $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	D	☐ Delete
NAME	COX, RICHARD JR	
STREET ADDRESS	P.O. BOX 9088	
CITY-ST-ZIP	PANAMA CITY, FL 32417	
TITLE	D	☐ Delete
NAME	REED, MICHAEL	
STREET ADDRESS	500 W. 19TH STREET	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Registered agent has not changed. "Suite A" is not part of her address (see past 3 years' annual reports)

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: Richard L Cox Jr. 2/16/07 850-234-7803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #