

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000017938

Entity Name: SIMON RESOURCES, INC.

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2 ADALIA AVENUE  
#701  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

3946 TONBRIDGE LANE  
WINSTON SALEM, NC 27106 US

**New Mailing Address:**

FEI Number: 59-3363342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMON, KAREN  
2 ADALIA AVENUE  
#701  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIMON, KAREN  
Address: 3946 TONBRIDGE LANE  
City-St-Zip: WINSTON SALEM, NC 27106

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN SIMON

PRES

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date