

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000051470

1. Entity Name
THE REPOSITORY, INC.



Principal Place of Business
4640 N. FEDERAL HWY
F
FT. LAUDERDALE, FL 33308

Mailing Address
4640 N. FEDERAL HWY
F
FT. LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #
2021 E COMMERCIAL BLVD
Suite, Apt. #, etc.

3. Mailing Address
2021 E COMMERCIAL BLVD
Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

Zip
33308

Country
USA

City & State
FT LAUDERDALE FL

Zip
33308

Country
USA

6. Name and Address of Current Registered Agent

MOON, ROBERT E
4640 N. FEDERAL HWY, STE. F
FT LAUDERDALE, FL 33308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

Robert E. Moon, Ph.D.
4/29/07

40101120



04232007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0688860

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
2021 E COMMERCIAL BLVD
Street Address (P.O. Box Number is Not Acceptable)
City
FT LAUDERDALE FL Zip Code
33308

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOON, ROBERT E 4640 N. FEDERAL HWY, STE. F FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2021 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert E. Moon, Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 954-3517030
Date Daytime Phone #