## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 08:00 A Secretary of State

| DOCUMENT # P97000003961 | DC | CL | IMENI | r # P9 | 70000 | 03961 |
|-------------------------|----|----|-------|--------|-------|-------|
|-------------------------|----|----|-------|--------|-------|-------|

1. Entity Name

AFISHIONADO GUIDE SERVICES, INC.



Principal Place of Business

204 S. MANHATTAN AVE TAMPA, FL 33609 Mailing Address

PO BOX 18492 TAMPA, FL 33679



DO NOT WRITE IN THIS SPACE

03042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0717812

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, DENNIS W 204 S. MANHATAN AVE TAMPA, FL 33609

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   |   |   | •  |                                |  | *                |  |  |  |  |
|---|---|---|--|--------------------------------|--|------------------|--|--|--|--|
| 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  | f applicable. (NOTE: Registered                                     | Agent signature required when reinstating) |                                |  |                  |  |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00   | 9. Election Campaign Finan-<br>Trust Fund Contribution.             | cing                                       | \$5.00 May Be<br>Added to Fees | 000000733303<br>05/09/07-80082-004         | 150.00           |  |  |  |  |
| 10.   | OFFICERS AND DIREC  | CTORS   |  |                                |  |                  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>OSBORNE, DENNIS W<br>204 S. MANHATTAN AVE<br>TAMPA, FL 33609   |   | ,  |                                |  |                  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  |                                |  |                  |  |  |  |  |
| TITLE   |   |   |  |                                |  |                  |  |  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ·   |   |  | DO                             | NOT WRITE                                  |                  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ,   |  | IN T                           | THIS SPACE                                 |                  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  |                                |  |                  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  |                                | ·  |                  |  |  |  |  |
| indicated<br>of the cor   | certify that the information supplied with this f<br>d on this report or supplemental report is true<br>reporation or the receiver for trustee empowered<br>or on an attachment with an address, with a | and accurate and that my signat<br>fDo execute this report as requi | ure shall ha                               | ve the same legal effe         | ct as if made under oath: that I am an off | icer or director |  |  |  |  |