


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90103 023 ***150.00

DOCUMENT # P97000034383 1. Entity Name THOMPSON STOKES CORPORATION	
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Principal Place of Business 67 SOUTHPORT COVE BONITA SPRINGS, FL 34134	Mailing Address 67 SOUTHPORT COVE BONITA SPRINGS, FL 34134
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2. Principal Place of Business - No P.O. Box # 2847 TIBURON BLVD E Suite, Apt. #, etc. 102	3. Mailing Address Suite, Apt. #, etc.
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01262007 Chg-P CR2E034 (12/06)

City & State NAPLES FL	City & State		
Zip 34109	Country COLLIER	Zip	Country

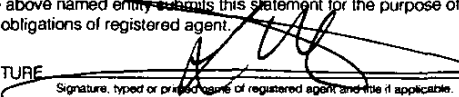
4. FEI Number 58-2338084	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, LLOYD 67 SOUTHPORT COVE BONITA SPRINGS, FL 34134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  (NOTE: Registered Agent signature required when reinstating) DATE **23 Mar 07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> Delete
NAME	THOMPSON, LLOYD
STREET ADDRESS	67 SOUTHPORT COVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP <input type="checkbox"/> Delete
NAME	THOMPSON, LINDA IRENE
STREET ADDRESS	67 SOUTHPORT CIRCLE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LLOYD
STREET ADDRESS	2847 TIBURON BLVD E
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LINDA IRENE
STREET ADDRESS	2847 TIBURON BLVD E
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, and all other like empowered.

SIGNATURE:  DATE **24 Mar 07** DAYTIME PHONE # **239 404 3871**