2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P97000051530

Entity Name: FLASH-RITE, INC.

Current Principal Place of Business:

160 W EVERGREEN
LONGWOOD, FL 32750

New Principal Place of Business:

160 W EVERGREEN AVE 101
LONGWOOD, FL 32750

Current Mailing Address:

PO BOX 951332
LAKE MARY, FL 32795

New Mailing Address:

PO BOX 953099
LAKE MARY, FL 32795

FEI Number: 59-3503435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METCALF, LISA M
160 W EVERGREEN
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

METCALF, LISA M
160 W EVERGREEN AVE 101
LONGWOOD, FL 32750 US

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: LISA METCALF 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: METCALF, LISA M
Address: 160 W EVERGREEN
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: METCALF, LISA M
Address: 160 W EVERGREEN AVE 101
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA METCALF PRES 04/26/2007
Electronic Signature of Signing Officer or Director Date