2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000064059

YOPENY ENTERPRISES, INC.



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business

608 N MACDILL AVE TAMPA, FL 33609 US Mailing Address

608 N MACEILL AVE TAMPA, FL 33609



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 4. FEI Number 65-0772177 | | - | Applied For Not Applicable |
|----------------------------------|-------------------|---|-------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional | | |

April 25, 2007

Daytime Phone #

COUNTRYMAN, JOHN A. 16011 NEBRASKA AVENUE NORTH

SUITE 106 LUTZ, FL 33549

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

04242007

| | named entity submits this statement for the pations of egistered ag | ourpose of changing its registere | ed office or i | registered agent, or bo | oth, in the State of Florida. I a | m familiar with, and accept | | |
|--|---|--|------------------|------------------------------|-----------------------------------|-----------------------------|--|--|
| SIGNATURE. | Jalul outy | | | yman, CPA | | 25, 2007 | | |
| | Signature, typed or printed name of registered agent and title | | i Ageni signatur | e required when reinstating) | DATO | · , | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PTSD RAPER, DARRELL M 608 N MACDILL AVE TAMPA, FL 33609 | | | | 00000075423 05/22/07-80052 | 24 2-013 150.00 | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 7; | DO | NOT WRIT | Έ | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | : | IN ⁻ | THIS SPAC | E | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
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| NAME | , | p - vap - v | | ·= - | | | | |
| STREET ADDRESS CITY-S1-ZIP | | | , 1 | 24 E 2 7 E 27 | | | | |
| 12. I hereby certify that the follorination 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 on the received or trustee empawered 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. President | | | | | | | | |

Darrell M. Raper

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR