2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 18, 2007 08:00 AM Secretary of State DOCUMENT # P97000075220 1. Entity Name THE STRAVIN CORPORATION Principal Place of Business Mailing Address #6 U.S. HIGHWAY 98 HC-03, BOX 125-B MEXICO BEACH, FL 32410 PORT ST. JOE, FL 32456 01132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3473176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STUBBS, MARY PAT DO NOT WRITE #6 U.S. HIGHWAY 98 MEXICO BEACH, FL 32410 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. (NOTE: Registered Agent signature required when reinstating) U00000590052 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 01/18/07-80038-008 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PD STUBBS, MARY PAT NAME #6 US HWY 98 STREET ADDRESS CITY-ST-ZIP MEXICO BEACH, FL 32446 TITLE STD NAME WILLIAMS, LOTTIE S STREET ADDRESS 4341 SECOND AVENUE CITY-ST-ZIP MARIANNA, FL 32446 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 inclicated 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:

TITLE NAME STREET ADDRESS CITY-ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTOR