2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2007 08:00 A Secretary of State **DOCUMENT # P97000106818** HOMETOWN MESSENGER, INC. Principal Place of Business Mailing Address 3811 HUNTINGTON STREET, N.E. 3811 HUNTINGTON STREET, N.E. ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 04072007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3482941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CARLSON, HELEN C DO NOT WRITE 3811 HUNTINGTON STREET, N.E. ST. PETERSBURG, FL 33703 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 if applicable DATE (NOTE: Registered Agent eignsture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IMLE NAME CARLSON, HELEN C STREET ADDRESS 3811 HUNTINGTON ST NE U00000783239 04/20/07-80131-022 150.00 CITY-ST-ZIP **ST PETE, FL 33703** TITLE GALLIMORE, MARGARET NAME STREET ADDRESS 7920 3RD ST N CITY-ST-ZIP ST PETE, FL 33702 MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP MLE STREET ADDRESS CITY-ST-ZIP MLE

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, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR ORRECTOR

HELON CARLSON

1/2/07 727-522-5096

FILED