

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000508

Entity Name: LYDIA CLADEK, INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

27 OLD MISSION AVENUE
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

108 SEAGROVE MAIN STREET
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

27 OLD MISSION AVENUE
SAINT AUGUSTINE, FL 32084

New Mailing Address:

108 SEAGROVE MAIN STREET
ST. AUGUSTINE, FL 32080

FEI Number: 59-3489954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLADEK, LYDIA
27 OLD MISSION AVENUE
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

CLADEK, LYDIA
108 SEAGROVE MAIN STREET
ST. AUGUSTINE, FL 32080 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: LYDIA CLADEK

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLADEK, LYDIA
Address: 189 SEA COLONY PARKWAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLADEK, LYDIA
Address: 189 SEA COLONY PARKWAY
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify 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: LYDIA CLADEK

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date