2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 AM DOCUMENT # P98000012591 **Secretary of State** 1. Entity Name MARGARET PETRY, INC. Principal Place of Business Mailing Address 12731 YARDLEY DRIVE 12731 YARDLEY DRIVE BOCA RATON, FL 33428 BOCA RATON, FL 33428 04132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0813771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent PETRY, MARGARET C DO NOT WRITE 12731 YARDLEY DRIVE BOCA RATON, FL 33428 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. (NOTE: Registered Agent signature required when reinstating) DATE D00000710396 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 04/25/07-80042-006 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PETRY, MARGARET C 12731 YAROLEY DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 NAME STREET ADDRESS CITY-ST-ZIP 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 TITI F

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 empowers

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

4/13/07

561-850-546

Daytime Phone #

FILED