2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 26, 2007 08:00 AM DOCUMENT # P98000012940 **Secretary of State** M. COBB & ASSOCIATES, INC. Principal Place of Business Mailing Address 245 BEL AIRE DR S 245 BEL AIRE DR S MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 CR2E034 (11/05) 02232007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3496785 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COBB, MARC DO NOT WRITE 245 BELAIRE DR S MERRITT ISLAND, FL 32952 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COBB. MARC NAME STREET ADDRESS 245 BEL-AIRE DR S U00000648143 03/06/07-80052-026 150.00 CITY-ST-ZIP MERRITT ISLAND, FL 32952 VP TITLE COBB, LINDA ANN NAME STREET ADDRESS 245 BEL-AIRE DR. S. CITY-ST-ZIP MERRITT ISLAND, FL 32952 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS