2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 08:00 AM Secretary of State **DOCUMENT # P98000022144** 1. Entity Name RUNNIN' SHOT, INC. Principal Place of Business Mailing Address **755 VIRGINIA WOODS LANE 755 VIRGINIA WOODS LANE** ORLANDO, FL 32824 ORLANDO, FL 32824 CR2E034 (11/05) 04152007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3503871 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHARDSON, GILBERT C DO NOT WRITE 755 VIRGINIA WOODS LANE ORLANDO, FL 32824 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 II applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RICHARDSON, GILBERT C NAME STREET ADDRESS 755 VIRGINIA WDS LANE CITY-ST-ZIP ORLANDO, FL 32824 TITLE RICHARDSON, DAREL K NAME STREET ADDRESS 755 VIRGINIA WDS LANE CITY-ST-ZIP ORLANDO, FL. 32824 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE 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 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:

NALE STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Darel Richardson Secy/T

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