2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P98000051706 1. Entity Name ANASTASIA, INC. Principal Place of Business Mailing Address 3884 TAMPA ROAD 3884 TAMPA ROAD OLDSMAR, FL 34677 OLDSMAR, FL 34677 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3514230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PFRENGLE, KENNETH 3884 TAMPA RD IN THIS SPACE OLDSMAR, FL 34677 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Electron Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n PFRENGLE, KENNETH NAME 3884 TAMPA RD STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 TITLE NAME 05/04/07-80017-023 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 ampowered.

SIGNATURE: _

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11167

Oaytime Phone #

FILED