2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000072416

1. Entity Name

LIBERTY DAYTONA BEACH, INC.



FILED Apr 30, 2007 08:00 AN Secretary of State

Principal Place of Business

2200 LUCIEN WAY STE 410 MAITLAND, FL 32751

Mailing Address

2200 LUCIEN WAY STE 410 MAITLAND, FL 32751



DO NOT WRITE IN THIS SPACE

04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3528046

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIKKELSON, W MICHAEL 2200 LUCIEN WAY STE 410 MAITLAND, FL 32751

DO NOT WRITE 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						
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELSKI, BRIAN A 2200 LUCIEN WAY STE 410 MAITLAND, FL 32751					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKKELSON, MICHAEL WM 2200 LUCIEN WAY STE 410 MAITLAND, FL 32751					000000745099 05/16/07-80016-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE 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 empowered.

SIGNATURE: _

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.07

107-774-8818

Daytime Phone #