## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 11, 2007 08:00 A Secretary of State DOCUMENT # P98000099442 SUCCESSFUL UNIONS, INC. Principal Place of Business Mailing Address 6558 VIA REGINA 6558 VIA REGINA BOCA RATON, FL 33433 BOCA RATON, FL 33433 No Chg-P CR2E034 (11/05) 03112007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0878569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUTLER, BETH ELLEN DO NOT WRITE 6558 VIA REGINA BOCA RATON, FL 33433 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ON THE SECTION OFFICERS AND DIRECTORS 10. 16 213 TITLE NAME . CUTLER, BETH ELLEN STREET ADDRESS 6558 VIA REGINA CITY-ST-ZIP BOCA RATON, FL 33433 U00000699502 04/19/07-80045-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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