2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2007
Secretary of State

DOCUMENT# P98000102632

Entity Name: STOCKDR.COM INCORPORATED

Current Principal Place of Business:

PO BOX 430
PLYMOUTH, FL 32768 US

New Principal Place of Business:

1110 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

PO BOX 430
PLYMOUTH, FL 32768 US

New Mailing Address:

FEI Number: 59-3546335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERBACH, MICHAEL
951 MARKET PROMENDE AVENUE
SUITE 2100
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

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.

SIGNATURE: IVAN M. LEFKOWITZ 01/28/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete
Name: SILER, LEE
Address: PO BOX 430
City-St-Zip: PLYMOUTH, FL 32768 US

Title: DVT (X) Delete
Name: MERBACH, MICHAEL A
Address: PO BOX 430
City-St-Zip: PLYMOUTH, FL 32768 US

Title: S ( ) Delete
Name: BUTTON, PATRICIA
Address: PO BOX 430
City-St-Zip: PLYMOUTH, FL 32768

Title: D ( ) Delete
Name: SUTTON, ALBERT DR.
Address: 7660 GRANVILLE DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: BORNSTEIN, MARK DR.
Address: 575 PALMER AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: MACMILLAN, DONALD B
Address: 115 UNIVERSITY CIRCLE
City-St-Zip: LINCOLN UNIVERSITY, PA 19352 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL M. MERBACH VP 01/28/2007
Electronic Signature of Signing Officer or Director Date