
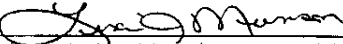



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90033 015 ***150.00

DOCUMENT # P99000108163					
1. Entity Name LISA J. MUNSON, CERTIFIED PUBLIC ACCOUNTANT, P.A.					
Principal Place of Business 9 ISLAND DRIVE EASTPOINT, FL 32328 US			Mailing Address PO BOX 219 EASTPOINT, FL 32328		
2. Principal Place of Business - No P.O. Box # 35 Island Dr #6		3. Mailing Address Suite, Apt. #, etc. EASTPOINT, FL			
City & State 32328		City & State		4. FEI Number 59-3613358	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNSON, LISA J 180 WEST DRIVE CARRABELLE, FL 32322			7. Name and Address of New Registered Agent Name: MUNSON, LISA J. Street Address (P.O. Box Number is Not Acceptable): 35 ISLAND DR #6 EASTPOINT City: FL Zip Code: 32328		
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: 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MUNSON, LISA J 9 ISLAND DR EASTPOINT, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MUNSON, LISA J 35 ISLAND DR #6 EASTPOINT, FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUNSON, LISA J 9 ISLAND DR EASTPOINT, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUNSON, LISA J 35 ISLAND DR #6 EASTPOINT, FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			4/30/07 850-670-1075 <small>Date Daytime Phone #</small>		