2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # S88702** 1. Entity Name E & R MORELAND INC. Principal Place of Business Mailing Address 2115 E. ORANGEHILL AVENUE 2115 E. ORANGEHILL AVENUE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3063389 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORELAND, EDWIN DO NOT WRITE 2115 E. ORANGEHILL AVENUE PALM HARBOR, FL 34683 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MORELAND, EDWIN A. STREET ADDRESS 2115 E. ORANGEHILL AVENUE CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE U00000740807 05/15/07-80003-014 150.00 NAME MORELAND, ROBERTA C. STREET ADDRESS 2115 E. ORANGEHILL AVENUE CITY-ST-7IP PALM HARBOR, FL 34683 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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.

SIGNATURE:

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

President

4-25-07

727 804 8553

FILED