

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47558

FILED
May 01, 2007
Secretary of State

Entity Name: CHRISTOPHER'S INN BED & BREAKFAST, INC.

Current Principal Place of Business:

539 LIBERTY AVE.
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 57-3128167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY GOLDBERG LEACH AND COHN PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMPSON, ANDREW J.,
Address: 539 LIBERTY AVE.
City-St-Zip: MT. DORA, FL

Title: D () Delete
Name: SIMPSON, INEZ M.,
Address: 539 LIBERTY AVE.
City-St-Zip: MT. DORA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ANDREW J. SIMPSON

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date