2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 05, 2007 8:00 am DOCUMENT # V60271 Secretary of State 1. Entity Name 02-05-2007 90094 039 ***150.00 9, 8, 7, INC. Principal Place of Business Mailing Address 11185 9 ST E 11185 9 ST E TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14200 MARK ORIVE 4200 MARK DRIVE 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-3140697 LARGO HRGO Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 3377 USA 2651-7 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Timothy U. Box Number is Not Acceptable) TETTACC JOSLIN, TIMOTHY J 1212 66 STREET N ST. PETERSBURG FL 33710 T109a 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 or registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete HILE ■ Addition Change TAPPAN, CARLEEN R. 14200 MARK DR. TAPPAN, CARLEEN R NAME NAME 11185 9TH ST E. STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 LARGO, FL 33774 CITY-ST-7IP CITY - ST - 7IP TITLE Delete Change ■ Addition CASTRO, JAMI L. 14514 MAKK DR. CASTRO, JAMI L NAME 11120 9TH ST. E STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP LAKGO, FL 33774 ☐ Delete IOLE Change ■ Addition STEELE, CYNTHIA D NAME STEELE, CYNTHIA 1905 Coon Creek Rd 405 CAPRI BLVD STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY - ST - 7IP Franklin, NC 28734 CITY - ST - ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HILE ☐ Delete IIIIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y - S1 - ZIP THE TITLE ☐ Delete ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED