2007 FOR PROFIT CORPORATION

FILED May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # V69742** PALM BEACH GAZETTE, INC. Principal Place of Business Mailing Address **4773 RICHMOND MEWS** PO BOX 18469 W PALM BCH, FL 33416 HAVERHILL, FL 33415 US 04302007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0371450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IVORY, GWENDOLYN R DO NOT WRITE 4773 RICHMOND MEWS HAVERHILL, FL 33415 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PCEO** TITLE IVORY, GWENDOLYN R. NAME STREET ADDRESS **4773 RICHMOND NEWS** HAVERHILL, FL 33415 CITY-ST-ZIP TITLE NAME U00000753825 05/22/07-80037-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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.

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

561-687-0706 Davtime Phone #