


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90049 035 \*\*\*150.00

**DOCUMENT # F96000005662**

1. Entity Name  
 PAYNE STEWART ENTERPRISES, INC.



Principal Place of Business  
 C/O NATIONAL CORPORATE RESEARCH, LTD.  
 615 DUPONT HWY  
 DOVER, DE 19901-4517

Mailing Address  
 C/O NATIONAL CORPORATE RESEARCH, LTD.  
 615 DUPONT HWY  
 DOVER, DE 19901-4517

40018214



**DO NOT WRITE IN THIS SPACE**

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1348499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~MCNEIL, GREGORY H~~ D.J. SNELL  
~~215 NORTH EOLA DRIVE~~ 365 GROUSE CT  
~~ORLANDO, FL 32804~~ WINTER PARK, FL. 32789

**DO NOT WRITE 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 D.J. SNELL DATE 2/7/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEWART, ANASTASIA T 9718 CHESTNUT RIDGE DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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: Anastasia T Stewart DATE 2/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #