

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035113

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: F2P, INC.

**Current Principal Place of Business:**

1699 LAS CASAS RD  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1699 LAS CASAS RD  
BOCA RATON, FL 33486

**New Mailing Address:**

2058 N MILLS AVE  
#340  
CLAREMONT, CA 91711 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEINZ, DIANE K  
1699 LAS CASAS RD  
BOCA RATON, FL 33486 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: CEO ( ) Delete  
Name: DENT, JOHN D  
Address: 2058 N MILLS AVE 3340  
City-St-Zip: CLAREMONT, CA 91711

Title: V ( ) Delete  
Name: HEINZ, DIANE K  
Address: 1699 LAS CASAS ROAD  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: DENT, JOHN D  
Address: 2058 N MILLS AVE # 340  
City-St-Zip: CLAREMONT, CA 91711 US

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: DIANE K. HEINZ

VP

07/05/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date