

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 03, 2007  
Secretary of State**

DOCUMENT# P97000026905

Entity Name: S2L, INCORPORATED

**Current Principal Place of Business:**

531 VERSAILLES DR  
STE 202  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

531 VERSAILLES DRIVE  
SUITE 202  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 59-3433432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BERKSON, GARY M  
C/O MORAN & SHAMS, PA  
111 NORTH ORANGE AVE., STE. 1200  
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEVIN, SAMUEL B  
Address: 531 VERSAILLES DRIVE, SUITE 202  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: LOUISE, MITCHELL G  
Address: 531 VERSAILLES DRIVE, SUITE 202  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: MACKEY, ROBERT E  
Address: 531 VERSAILLES DRIVE, SUITE 202  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: SMITH, OMAR E  
Address: 8029 RIDGE VALLEY  
City-St-Zip: WOODSTOCK, GA 30189

Title: D ( ) Delete  
Name: EDWARDS, WILLIAM J  
Address: 531 VERSAILLES DRIVE, SUITE 202  
City-St-Zip: MAITLAND, FL 32751

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: SAMUEL B. LEVIN

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date