


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000058750**

1. Entity Name  
**S3 PARTNERS, INC.**



Principal Place of Business <b>6498 N.W. 31ST TERRACE          BOCA RATON, FL 33496</b>	Mailing Address <b>6498 N.W. 31ST TERRACE          BOCA RATON, FL 33496</b>
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**DO NOT WRITE IN THIS SPACE**



03312007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0873110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ADLER, STEVEN  
 6498 N.W. 31ST TERRACE  
 BOCA RATON, FL 33496**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, SYLVIA 90 EDGEWATER DRIVE UNIT #524 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASMAN, SHERYL 90 EDGEWATER DRIVE APT. #825 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, STEVEN 6498 N.W. 31ST TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/20/07-80065-012 150.00

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:** Steven Adler **STEVEN ADLER** 4/8/07 561-994-6307

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Cayman Phone #