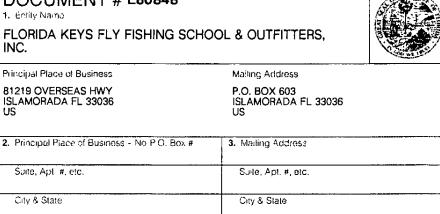
## **2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## DOCUMENT # L80848



## FILED Apr 23, 2008 08:00 AN Secretary of State

11101				COO HE LEY				
81219 OVE	e of Business RSEAS HWY DA FL 33036	Mailing Address P.O. BOX 603 ISLAMORADA FL 33036 US						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			_		B(B	HENDEL II FESI
Suite, Apt	#, elc.	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)			
City & Stat	e	City & State			4. FEI Number 65-0201554		<b>⊢</b>	Applied For fot Applicable
Zip	Country	Country Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MORET, SANFORD W 81219 OVERSEAS HWY ISLAMORADA FL 33036				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
			0	City			FL Zip Co	de
	named entity submits this statementions of registered agent.	t for the purpose of changing i	ts registered o	office or registe	ered agent, or bo	oth, in the State of Florida.	l am familiar with	n, and accept
SIGNATURE .	Signature, typed or printed harms of registered as	entanditte Lanpicabio. (NC	OTE Fegistorea Agr	or Fergionture require	ra when reinstating)		DATE	
"After	ILE-NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be S550 k Payable to Florida Departmen	00 (11 11 00				Election Campaign Fi Trust Fund Contribute		.00 May Be ded to Fees
10.	OFFICERS AI	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORET, SANFORD W 81219 OVERSEAS HWY ISLAMORADA FL 33036	☐ Dalete	TITLE NAME SIREET AI CITY-ST-				☐ Change	☐ Addition
TITLE NAME	ST MORET, SANFORD W 81219 OVERSEAS HWY ISLAMORADA FL 33036	☐ Dalete	TITLE NAME STREET AI CITY-ST-	DDRESS		U000009175 05/13/08-8004	:08 □ Change 18-021 158	Addition 75
NAME STREET ADDRESS CITY-ST-ZIP		☐ Darete	TITLE NAME STREET AL CITY-ST-				☐ Change	Addition
TOTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE NAME STREET AS CHY-ST-				☐ Change	☐ Addition
TITLE NAME STREET ADURESS CITY-ST-ZIP		☐ Delete	ITILE NAME STREET AE CITY- ST-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied	☐ Delete	TITLE NAME STREET AL CITY ST-	ZIP			Change	Addition

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 oat; 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: