## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90195 039 \*\*\*150.00

## DOCUMENT # P00000027559



B31 PALM SPRINGS DR SUITE 106 ALTAMONTE SPRINGS, FL 32701  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apl. #, etc.	2 , 2 , 2 3 3 , 3 3 2 3 2 3 2 3 2 3 2 3			
Suite, Apl. #, etc.  Suite, Apl. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Fee Required  6. Name and Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 a the obligations of registered agent agent and title if applicable.  (NOTE Registered Agent agrature required when reristance)  PILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Detail  NAME  SEITERAN, JESUS M  SIREET ADDRESS  CITY-SI-ZIP  ALTAMONTE SPRINGS, FL 32701  TITLE  VP  Change  City Site of Address of New Registered Agent  Not Acceptable)  Support of Status Desired  Spring Address of New Registered Agent  Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  Address (P.O. Box Number is Not Acceptable)  DATE  Address (P.O. Box Number is Not Acceptable)  DATE  City Code  Street Address (P.O. Box Number is Not Acceptable)  City City Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  DPST  STREET ADDRESS (R.O. Box Number is Not Acceptable)  City City City City City City City City	40082000			
City & State  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  \$8.75 Additional Fee Required  Fee Required  Street Address of New Registered Agent  Name  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Signature. Special agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent.  SiGNATURE  Signature. Special agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent. Special agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent. Special agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent. Special agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent special agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent special agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent special agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent agent agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent. Special agent ag				
Zip Country Zip Country 59-3643356   Not Applied    Street Address of Status Desired    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  DATE   Zip Code    Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)	04242007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  DRAVES, DONNA L ESQ 120 E. CONCORD STREET ORLANDO, FL 32801  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  On 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 a the obligations of registered agent.  Signature, typed or presed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstaing)  PATE  Signature, typed or presed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstaing)  PATE  Signature, typed or presed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstaing)  DATE  PILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  35.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS IN 1  III.E  DPST  Delete  III.E  Delete  III.E  DELETAN, JESUS M  STREET ADDRESS  CITY-SI-ZIP  ALTAMONTE SPRINGS DR #106  ALTAMONTE SPRINGS, FL 32701  CITY-SI-ZIP  Delete  III.E  C Change  C City-SI-ZIP  Delete  III.E  C Change  C City-SI-ZIP	! <u> </u>			
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TITLE	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	Addition (			

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation of the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

4-24-07