## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2008 8:00 am Secretary of State

City & State         4. FEI Number 02-0569796           Zip         Country         Zip         Country         5. Certificate of Status Desired         3. Certificate Of Status Desired	34 (12/06)  Ap No \$8.75 Add Fee Required Agent	oplied For or Applicable ditional d
4300 WEST LAKE MARY BLVD SUITE 1020 LAKE MARY, FL 32746  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.	34 (12/06)  Ap No \$8.75 Add Fee Require Agant	oplied For of Applicable ditional d
4300 WEST LAKE MARY BLVD SUITE 1020 LAKE MARY, FL 32746  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.	34 (12/06)  Ap No \$8.75 Add Fee Require Agant	oplied For of Applicable ditional d
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1142008 Chg-P CR2E03  City & State  City & State  City & State  City & State  Country  Typ  Country  Street Address (P.O. Box Number is Not Acceptable)  FL  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam fe	34 (12/06)  Ap No \$8.75 Add Fee Require Agant	oplied For on Applicable ditional d
City & State  4. FEI Number 02-0569796  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fa	\$8.75 Add Fee Required	ot Applicable ditional d
Zip Country Zip Country 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name   HO, EUNICE 910 STILLWELL LANE LAKE MARY, FL 32746  City FL  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam fa	\$8.75 Add Fee Required Agent	ot Applicable ditional d
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered A  HO, EUNICE 910 STILLWELL LANE LAKE MARY, FL 32746  City  FL  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam fa	Fee Require	e
HO, EUNICE 910 STILLWELL LANE LAKE MARY, FL 32746  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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 fa	Zip Code	
HO, EUNICE 910 STILLWELL LANE LAKE MARY, FL 32746  Street Address (P.O. Box Number is Not Acceptable)  City  FL  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fa	•	
LAKE MARY, FL 32746  City  FL  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 fa	•	
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	familiar with,	
and transportation of a grant of the state o		and accept
SIGNATURE Signature, typed or printed nerve of registered agent and side if applicable (NOTE: Registered Agent signature required when reinstance) DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Gampaign Financing - \$5.00 may be Trust Fund Contribution.   Added to Fees		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	\$ IN 11
TITLE PD Delete TITLE	☐ Change	☐ Addition
NAME HO, EUNICE : NAME		
STREET ADDRESS 910 STILLWELL LN STREET ADDRESS		
CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP		
TILE	☐ Change	☐ Addition
Defete	☐ Change	☐ Audition
TITLE         Delete         ITTLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	☐ Change	Addition
TITLE	Change	☐ Addition
TITLE  NAME  NAME  STHEET ADDRESS  CITY - S1 - ZIP  TITLE  NAME  STREET ADDRESS  CITY S1 ZIF	Change	☐ Addition

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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Daytime Phone #