2007 FOR PROFIT CORPORATION

FILED May 02, 2007 8:00 am Secretary of State

2007	ANNUAL REPORT	<i>-</i> 11
		т.

	ANITOA	LKEPOKI				J or ~		
1. Entity Nam	MENT # P0400001	8592				07 90059 004 ***1	150.00	
Principal Plac	e of Business	Mailing Address		<u> </u>	3110			
Principal Place of Business EMERALD COAST PLAZA 3906 HWY 98 WEST SUITE 5 SANTA ROSA BCH, FL 32459		Mailing Address EMERALD COAST PLAZA 3906 HWY 98 WEST SUITE 5 SANTA ROSA BCH, FL 32459						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.		04262007	Chg-P	CR2E034 (12/06)		
City & Stat	e · · ·	City & State		4. FEI Numbe 56-243			plied For ot Applicable	
Zip	Country	Zip 	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New F	Registered Agent		
912 S PAL SUITE E	JR, DOUGLAS T M BLVD E, FL 32578		Street Addre	iss (P.O. Box Numbe	r is Not Acceptable	FL Zip Cod	θ	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing it:	s registered office or regi	istered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered ager		TE: Registered Agent signature rec			DATE		
After Ma	### ### ##############################			\$5.00 May Be Added to Fees				
10.	OFFICERS ANI		11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	P PENCY FUCA ALIQUA	☐ Detete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	BENCIVENGA, ALICIA 201 HONEYTREE LANE S.W.		NAME STREET ADDRESS					
CITY-ST-ZIP	FORT WALTON BCH, FL 3254		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	FULLERTON, JEANE W 3906 HWY 98 WEST STE 5		NAME STREET ADDRESS					
CITY-ST-ZIP	SANTA ROSA BEACH, FL 324	59	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		•	☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP					
indicated of the co	certify that the information supplied w I on this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that powered to execute this repo	t my signature shall have nt as required by Chapter	the same legal effect	t as if made under	oath; that I am an officer	r or director	
SIGNAT	That!	Monor	u.	4	627-01			
	SIGNATURE AND TYPED O	R PRINTED NAME OF BIGHING OFFICE	A OR DIRECTOR		Date	Daytime Phone #		