2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000717

Title:

Name:

Address:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Nan	ne: AFFORDA	ABLE PLMG OF SOUTHWES	T FLORIDA, INC.				
Current Principal Place of Business:			New Principal Place of Business:				
	4TH TERRACE RAL, FL 33990						
Current Mailing Address:			New Mailing Address:				
	4TH TERRACE RAL, FL 33990						
FEI Number: 20-2364327 FEI Number Applied For ()			FEI Number Not Applicable () Certificate o		ertificate of Status De	esired()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
2202 SE 14	NOVICH, KEVIN 4TH TERRACE RAL, FL 33990						
	named entity s of Florida.	ubmits this statement for the բ	ourpose of changing i	ts registered offic	ce or registered age	ent, or both,	
SIGNATUF							
Election Con		c Signature of Registered Age	ent	t Date			
		Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () BORODUNOVIC 2202 SE 14TH T CAPE CORAL, F	ERRACE	Title: Name: Address: City-St-Zip:	PRES (X) CI BORODUNOVICH, 2202 SE 14TH TEI CAPE CORAL, FL	RRACE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () CH BORODUNOVICH, 2202 SE 14TH TEI CAPE CORAL, FL	RRACE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SEC () CH BORODUNOVICH, 2202 SE 14TH TEI CAPE CORAL, FL	RRACE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TRES

BORODUNOVICH, KYLE J

2202 SE 14TH TERRACE CAPE CORAL, FL 33990

() Change (X) Addition

SIGNATURE: KEVIN L BORODUNOVICH **PRES** 04/26/2007

() Delete