2007 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 461 WILFORD AVE LONGWOOD, FL 32750 2. Principal Place of Business - No. P.O. Box # 3. Melling Address 661 WILFORD AVE LONGWOOD, FL 32750 2. Principal Place of Business - No. P.O. Box # 3. Melling Address 661 WILFORD AVE City & State City & State 4. Fell Place of Business - No. P.O. Box # A. Fell Place of Business - No. P.O. Box Address - State 4. Fell Place of Country 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOLM, VINCENT 461 WILFORD AVE DOLM, VINCENT 461 WILFORD AVE Converted on the State Desiron 58.75 Agentary 58.75	1. Entity Name		Francis III	treat trans			
LONGWOOD, FL 32750 LONGWOO	VINCENT ODUM, INC,						
Survey A State Country Sp. Sp.	461 WILFORD AVE 461 WILFORD AVE				LURETAR INELAHASS	Y OF STATE SEE. FLORIDA	
City 6. States City 6	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address				
Country Zip Country St. Country St	Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022007 Chg-P	CR2E034 (12/06)	
S. Cofficiation of Statuto Delevind Fear Reagmind	City & State		City & State			Applied For Not Applicable	
ODUM, VINCENT 451 WILFORD AVE LONGWOOD, FL 32750 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. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and accept the familiar with and accept the prior notice. FILE NOWITI FEE IS \$150.00	Zip			ntry		Fee Required	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Agent	
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 10.	8. The above the obligation	named entity submits this statement for ions of registered agent.	r the purpose of changing its registe	red office or register	red agent, or both, in the State of I	Florida. I am familiar with, and accept	
Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DOUM, VINCENT ITILE Change Addition SIREET ADDRESS CITY-ST-2P CONGWOOD, FL 32750 CITY-ST-2P TITLE Delete ITILE Change Addition MAME SIREET ADDRESS CITY-ST-2P TITLE Delete ITILE Change Addition MAME SIREET ADDRESS CITY-ST-2P TITLE Delete ITILE Change Addition MAME SIREET ADDRESS CITY-ST-2P TITLE Delete ITILE Change Addition MAME SIREET ADDRESS CITY-ST-2P TITLE Delete ITILE Change Addition MAME SIREET ADDRESS CITY-ST-2P TITLE Delete ITILE Change Addition MAME SIREET ADDRESS CITY-ST-2P TITLE Delete ITILE Change Addition MAME SIREET ADDRESS CITY-ST-2P TITLE Delete ITILE Change Addition MAME SIREET ADDRESS CITY-ST-2P TITLE Change Change Change MAME SIREET ADDRESS CITY-ST-2P TITLE Change Change MAME SIREET ADDRESS CITY-ST-2P TITLE Change Change MAME SIREET ADDRESS CITY-ST-2P TITLE Change Change MAME SIRET ADDRESS CITY-ST-2P TITLE C	SIGNATURE	Signature, typed or printed name of registered agent a	arctifile if applicable (NOTE Flegiste	red Agent signature required	d when roustating)	DATE	
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		SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING OFFICER OR DIRE	CTOR	Date	Disytone Phone #	

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