2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 07, 2007 8:00 am Secretary of State DOCUMENT # P06000149383 05-07-2007 90056 021 ***150.00 JACQUELINE E. CANNAVAN, PA. Principal Place of Business Mailing Address 4340 SHERIDAN ST 2ND FL 4340 SHERIDAN ST 2ND FL HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 76-0843275 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANNAVAN, JACQUELINE E Street Address (P.O. Box Number is Not Acceptable) 4340 SHERIDAN ST 2ND FL HOLLYWOOD, FL 33021 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or gonted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPVS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition CANNAVAN, JACQUELINE E NAME NAME STREET ADDRESS STREET ADDRESS 4340 SHERIDAN ST 2ND FL HOLLYWOOD, FL 33021 CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CANNAVAN, JACQUELINE E NAME NAME STREET ADDRESS 4340 SHERIDAN ST 2ND FL STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not ordalify 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exemple 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 otherwise empowered.

FILED

Daytime Phone #