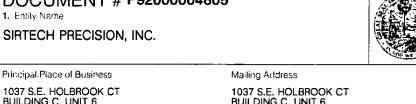
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P92000004605

1. Entity Name



FILED Apr 11, 2008 08:00 A Secretary of State

BUILDING C, UNIT 6 PORT ST. LUCIE FL 34952-3431 BUILDING C, UNIT 6 PORT ST. LUCIE FL 34952-3431 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, btc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0369837 Not Applicable Zip Ζιρ Country 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 WELCH, WALLACE Street Address (P.O. Box Number is Not Acceptable) 4900 N.W. IRRINGTON TERRACE PORT ST. LUCIE FL 34983 City 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 printed lighter of registrand agent and title. I applicable. (NOTE: Registered Agent a on stare regioned when roughturig) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change Addition WELCH, WALLACE MAME NAME 4900 N.W. IRRINGTON TERRACE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP PORT ST. LUCIE FL 34983 CITY+ST-ZIP TITLE ٧D De ete TITLE Change Addition <u> ცეეტტიგ</u>ფიგვ WELCH, LINDA NAME NAME 04/23/08-80081-018 158.75 STREET ADDRESS 4900 N.W. IRRINGTON TERRACE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34983 CITY-ST-ZIP THUE ☐ De:ete THLE ☐ Change ☐ Addition NAME WELCH, WALLACE NAME STREET ADDRESS STREET ADDRESS 4900 N.W. IRRINGTON TERRACE CITY-ST-ZIP CITY+ST-ZIP PORT ST. LUCIE FL 34983 TITLE ☐ Defete TITLE ☐ Change ☐ Addition DAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-24P CITY-S1-ZIP TITLE □ Deiete TITLE ☐ Change ■ Addition NOME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like amprilered.

SIGNATURE:

SIGNATURE AND

Daythie Phore #