FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jan 26, 2007 8:00 am Secretary of State 01-26-2007 90029 005 ***150.00

Date

Daytime Phone #

DOCUMENT # Pag 0000 18780				01 20 2007 90029 003 130.00	
DEACT DOWNER D		CDILLE			
DO N		E IN THIS :	SPACE	EOUALEE	
2. Principal Place of Business		3. Mailing Address		33	
3430 EASTLAKE RD SUITE # 1 Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
				4. FEI Number Applied For	
City & State PALM HARBOR, FL		City & State		59-3564400	Not Applicable
Zip 34685	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
34003	<u> </u>		7. Na	me and Address of Current Regis	
	;,,,,,,,,		Name GERARD A	Name GERARD A. VALENTE	
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable) 3430 EASTLAKE RD SUITE #1		
					
			City PALM HARB	or FL	Zip Code 34695
8. The above named State of Florida.	entity submits this	statement for the purp d accept the obligation	ose of changing its reg	istered office or registered agent, or	
SIGNATURE	7 July	GERA of registered agent and title	RD A. VALENTE, VIC	E PRESIDENT stered Agent signature required when reinstatir	1/23/2007
January 1 After M	- May 1 Fee is \$15 lay 1, Fee is \$550.0 ded UBR is \$61.25	0.00 0	паррисаме. (потс. кеді	9. Election Campaign Financing Trust Fund Contribution. []	\$5.00 May Be Added to Fees
10.	OFFICERS	AND DIRECTORS	11.		
TITLE NAME	PRESIDENT NANCY A. DATTIL	.0	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	2822 GREY OAKS		STREET ADDRES	SS SS	
TITLE	VICE PRESIDENT		TITLE		
NAME STREET ADDRESS	GERARD A. VALE	····	NAME STREET ADDRES	is l	
CITY-ST-ZIP TITLE	TARPON SPRING	S ,FL . 34688	CITY-ST-ZIP		
NAME	:		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	S DO NOT W	/RITE
TITLE			TITLE	IN THIS SE	**************************************
NAME STREET ADDRESS			NAME STREET ADDRES		
CITY-ST-ZIP TITLE		<u> </u>	CITY-ST-ZIP TITLE		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP	<i>S</i>	
TITLE		· · · · · · · · · · · · · · · · · · ·	TITLE		
NAME STREET ADDRESS			NAME STREET ADDRES	rs .	
12. I hereby certify that	the information supplie	ed with this filing does not	CITY-ST-ZIP t qualify for the exemption	stated in Section 119.07(3)(i), Florida St	atutes. I further
certify that the inforr as if made under oa	mation indicated on thi ith; that I am an officer	s report or supplemental or director of the corpora	report is true and accurate ition or the receiver or trus	e and that my signature shall have the sa tee empowered to execute this report as th an address, with all other like empowe	me legal effect required by
CICNATURE	4 1-14	CEDADD A	\/ALENTE\#05 0050	NDEN 4/00/0007	07 707 0740
SIGNATURE:	ATURE AND TYPED	OR PRINTED NAME OF	VALENTE, VICE PRES	SIDEN 1/23/2007 7 DIRECTOR Date Da	27-787-2710 avtime Phone #