## 2008 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Jan 14, 2008 08:0			
1. Entity Nan	MENT # P990000652	0 <u>2</u>		L. Congari	, , , , , , , , , , , , , ,		ry of Sta	
Principal Place of Business Mailing Address 19658 BAY COVE DR. 19658 BAY COVE DR. BOCA RATON, FL 33434 BOCA RATON, FL 33434						8 PH		
DO NOT WRITE IN THIS SPA				01092008 4. FEI Numb 65-094	No Chg-P	CR2E034 (1		
	6. Name and Address of Current Re	gistered Agent						
GNANN, VAN C JR. 19658 BAY COVE DR. BOCA RATON, FL 33434					NOT W THIS SP			
5								
	a named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	ed office or reg	istered agent, or b	oth, in the State of Flo	orida. I am familia	r with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if applicable (NOTE: Registere	d Agent signature re	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fine Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	ECTORS	-		•	•		
NAME STREET ADDRESS CITY-ST-ZIP	GNANN, VAN C JR 19658 BAY COVE DR. BOCA RATON, FL 33434	.2 - 5			- 4 U00000 01/15/08-	782817 80089-019	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:				*!	** **		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>i</u>			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	ACE	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS								

12. Thereby certify that the information supplied with this filling does not qualify 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 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 empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #