2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 20, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # 255191					02-20-2007	_	36 ***15	0.00
Principal Place	e of Business	Mailing Address					NU		
875 SE MONTEREY COMMONS BLVD STUART, FL 34996		875 SE MONTEREY COMMONS BLVD STUART, FL 34996		į	40050000				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142007	Chg-P	CR2E03	34 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-1002088 Not Applicable				
Zip	Country	Zip	Country			of Status Desired		8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New			
BRUNER, JAMES K 875 SE MONTEREY COMMONS BLVD STUART, FL 34996			Name						
			Street A	Street Address (P.O. Box Number is Not Acceptable)					
OTOAKI,	1 L 04000								
			City				FL	Zip Code	e
	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office or	register	ed agent, or bo	th, in the State of F	lorida. I am h	amiliar with,	and accept
	•								
SIGNATURE_	Signature, typed or printed name of registered agent	and the description of the state of the stat	·						
	Signature, typed or printed name of registered agent	and the ii applicable. (NO1E: ?	Registered Agent signatu	une required	when røinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign	n Financing	\$5.	00 May Be		DATE	13-2	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	n Financing	\$5.	00 May Be ed to Fees	CHANGES TO OF		DIRECTOR	S IN 11
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12. I hereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP