2007 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business ### 3260 NW 451 H ST. ### 3142 US Principal Place of Business	DOCU 1. Entity Nam 398, INC		# 401054					07	FILED JAN 30 PM		
Suite, Apt. #. cic. Suite, Apt. #. cic. Suite, Apt. #. cic. City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of State, Desiroc Sa.7.5 Additional Fee Required Fee Required JOHNSON, ERNEST 3250 NW 45TH ST. MIAMI, FL 33142 Site of Address of Current Registered Agent The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Florida. Lam familiar with, and a five bibligations synegistered agent. SIGNATURE Septiment board or aurend creat year and familiar launtage. INOTE Repaired Agent signature read-and over remasurery DOTE Repaired Agent signature read-and over remasurery DOTE After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. DO OFFICIENS AND DIRECTORS INTEL MOWELL FEE IS \$150.00 OFFICIENS AND DIRECTORS INTEL MOWELL FEE IS STORED DEsign IN MAMIL, FL DO ONNO, ERNEST SIRED AURENS OTH-ST-2P MAMIL, FL Design INTEL Design INTEL Design INTEL MAMIL, FL Design INTEL MAMIL, FL Design INTEL D	4646 NW 17TH AVE			3260 NW 45TH ST.) SE TAL	CRETARY OF S LAHASSEE, FL	TATE ORIDA	
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Section Sect	Suite, Apt. #, ctc.			Suite, Apt. #, etc.			01302007	Chg-P	CR2E034 (12/06)	
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Name Sirest Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip			5. Certificate	of Status Desired			
JOHNSON, ERNEST 3260 NW 45TH ST. MIAMI, FL 33142	6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New I	Registered Agent		
City FL 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 a the obligations gyregistered agent. SIGNATURE	3260 NW 4	45TH ST.	Г		Street Address (P.O. Box Number is Not Acceptable)						
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 a the obligations of registered agent. SIGNATURE	WINWI, I E 33172					-					
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12. I hereby certify that the information supplied with this filing 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 directly 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 changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #											