2008 FOR PROFIT CORPORATION

FILED
Mar 14, 2008 08:00 AN
Secretary of State

772-230-/244 Daytime Phone #

Secretary of State State		ANNOAL ILLI OILI		Mar 14, Zuuo uo:uu		
Principal Piece of Business Maining Address Maining Address Maining Address Maining Address STUART, FL 34996 US STUART, FL 34996 U	1: Entity Name				Secretary of Stat	
PROCEDITIES OF ABUSINESS Major approach of the purpose of changing its registered again. Or both, in the Status of Florida, if an itemitiar with, and accept the ability of registered again. Or fire purpose of changing its registered again. Or fire of the ability of registered again. Or fire of the ability of the purpose of changing its registered again. Or fire the ability of registered again. Or fire the ability of the ab						
THE NOW!! FEEL IS \$18.0.00 **THE NO			1.1	11,50- 2.	,	
DO NOT WRITE IN THIS SPACE 4 FEI Number 59-1487851 Not Applied For 59-1487851 Not Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Stat	116 N. SEAWALLS PT. RD 116 N. SEAWALLS PT. RD.					
DO NOT WRITE IN THIS SPACE 4 FEI Number 59-1487851 Not Applied For 59-1487851 Not Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Status Desired \$4.75 Applied For 59-1487851 S. Cartificate of Stat						
### PENSEMER, W. M. ### ITON NOT WRITE IN THIS SPACE ### ITON NOT WRITE ### ITON NO					8 1888	
S. Cartificate of Status Desired \$8.75 Additional free Required \$1.00 NOT WRITE NOT THIS SPACE NOT THIS SPACE NOT THIS SPACE NOT THE STILLUCIE, FL 34952 NOT THE STILLUCIE, FL 34952 NOT THIS SPACE NOT THE STILLUCIE, FL 34952 NOT THIS SPACE NOT THIS SPACE NOT THIS SPACE NOT THIS SPACE NOT THE STILLUCIE, FL 34952 NOT THIS SPACE NOT THE STILLUCIE, FL 34952 NOT THIS SPACE NOT THIS SPA	DO NOT WRITE IN THIS SPACE					
BESSEMER, W. K. 1103 TILLTON RD PT ST LUCIE, FL 34952 B. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE PLE NOWIT FEB IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 DFFICERS AND DIRECTORS BESSEMER, W.M. J. SINERI AURISS SITUART, FL THE UNITE OF STUART, FL THE UNITE SIZE STUART, FL THE UNITE STUART, FL STUART,					7851 Not Applicable	
BESSEMER, W. K 1103 TILTON RD PT ST LUCIE, FL 34952 8. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Bouldary, hood or pured named inquisited agent as the factors of the purpose of changing is registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Bouldary, hood or pured named inquisited agent as the factors of the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the purpose agent, or both, in the State of Florida. State of Florida Statutes, I further certify that the information of the ring state accept the state of Florida Statutes, I further certify that the information of contents and that my signature shall have the same loggit effect as if made under cash; that I am an officer or director.	<u> </u>	8. Name and Address of Current Pagistered Agent		5. Certificate		
### THE NOW!! FEE IS 3150.00 THE NOW!! FEE IS 3150.00 After May 1, 2008 Foe will be \$550.00 THE PESSMER.WM. J. SIRE ARRESS IT SERVALLS PT RD. STUART, FL. DO NOT WRITE IN THIS SPACE ### TO NOT WRITE IN THIS SPACE ### THE NOW!! FEE IS 3150.00 After May 1, 2008 Foe will be \$550.00 OFFICERS AND DIRECTORS THE PESSMER.WM. J. SIRE ARRESS IT SERVALLS PT RD. STUART, FL. DO NOT WRITE IN SERVALS PT RD. STUART, FL. DO NOT WRITE IN SERVALS PT RD. STUART, FL. DO NOT WRITE IN SERVALS PT RD. STUART, FL. DO NOT WRITE IN SERVALS PT RD. STUART, FL. DO NOT WRITE IN SERVALS PT RD. STUART, FL. DO NOT WRITE IN SERVALS PT RD. STUART, FL. DO NOT WRITE IN SERVALS PT RD. STUART, FL. DO NOT WRITE IN THIS SPACE IN THIS SP	BESSEME			D O	NOT WOITE	
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 Signatur	1103 TILT	ON RD				
the obligations of registered agent. SignAtTURE Sign			•	IN	HIS SPACE	
SIGNATURE Sporture, hypodr or period name of registered agent and that if applicable. FILE NOW!!! "FEE IS \$150.00 After May 1, 2008 Foe will be \$550.00 10.	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. 1 am familiar with, and accept					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Foe will be \$550.00 Trust Fund Contribution.						
After May 1, 2008 Fee will be \$550.00 10:	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	d Agent signature required	when reinstating)	DATE	
TITLE MME BESSEMER, WM. J. STRET ADDRESS CITY-ST-2P TITLE D STUART, FL TILE D STUART, FL TILE D STUART, FL D STRET ADDRESS 155 RIVER COURT JENSEN BEACH, FL TILE D STRET ADDRESS 116 N SEWALLS PT RW STUART, FL STOAT, FL STOAT	FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees					
MME BESSEMER, WM. J.		p		į		
STREET ADDRESS ITH ST-ZPP STUART, FL ITILE ITIL				,		
CITY-ST-ZIP STUART, FL ITILE V MAME BESSEMER, MAXINE 116 SEWALLS PT RD. CITY-ST-ZIP STUART, FL U00000857949 04/01/08-80024-021 150,00 ITILE D MAME DESSEMER, WAN J. STREET ADDRESS 155 RIVER COURT CITY-ST-ZIP JENSEN BEACH, FL ITILE D INTHE D INTHIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE ITILE S MAME BESSEMER, WM K. STREET ADDRESS 116 N SEWALLS PT RW CITY-ST-ZIP STUART, FL 34996 ITILE S MAME BESSEMER, WM K. STREET ADDRESS 1003 TILTON RD. TITLE TITLE S MAME KIRKBRIDE, TAMARA A STREET ADDRESS 116 N SEWALLS PT RW STILTON RD. TITLE S STREET ADDRESS 116 N SEWALLS PT RW STILTON RD. TITLE S STREET ADDRESS 1003 TILTON RD. TITLE S STREET ADDRESS 1003 TILTON RD. TITLE STREET ADDRESS 1003 TILTON RD. T		· · · · · · · · · · · · · · · · · · ·				
BESSEMER, MAXINE SITRET ADDRESS STUART, FL TITLE D MAKE DISTRET ADDRESS SITER ADDRESS STERET ADDRESS STRET ADDRES		STUART, FL				
STREET ADDRESS CITY-ST-ZIP STUART, FL TITLE D TILL STREET ADDRESS TILL S TILL T T TILL T T T T T T T T T T T T T T T T T T T						
TITLE D STREET ADDRESS (CITY-ST-ZIP JENSEN BEACH, FL JENSEN BEACH, FL JENSEN BESSEMER, WM. J. STREET ADDRESS (CITY-ST-ZIP STUART, FL 34996 JITLE S STREET ADDRESS (CITY-ST-ZIP STUART, FL 34996 JITLE S STUART, FL 34996 JITLE STREET ADDRESS (CITY-ST-ZIP STEET ADDRESS STUART, FL 34996 JITLE STREET ADDRESS STREET ADDRESS STUART, FL 34996 JITLE STREET ADDRESS STRE	_				U00000857949	
TILTON,C. NORRIS STREET ADDRESS CITY-S1-ZIP JENSEN BEACH, FL D BESSEMER,WM. J. STREET ADDRESS CITY-S1-ZIP STUART, FL 34996 ITILE S MAME BESSEMER, WM K. STREET ADDRESS CITY-S1-ZIP TITLE NAME KIRKBRIDE, TAMARA A STREET ADDRESS CITY-S1-ZIP STUART, FL 34996 ITILE T MAME KIRKBRIDE, TAMARA A STREET ADDRESS CITY-S1-ZIP STUART, FL 34996 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 cath; that I am an officer or of the receivery or trustee emprower for Deports for The receivery and not my segurity and the my same appears in Block 10 or Brock 111 if					04/01/08-80024-021 150.00	
STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL TITLE NAME BESSEMER,WM. J. STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 TITLE S NAME STREET ADDRESS 1003 TILTON RD. CITY-ST-ZIP PT. ST. LUCIE, FL TITLE TITLE T NAME KIRKBRIDE, TAMARA A STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 110 N SEWALLS PT RW STUART, FL 34996 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 ondity, that if may no flore or director of the receiver or trustee empowers for both as required by Chapter 607. Florida Statutes, and that my ame appears in Block 10 or Block 11 if		D				
CITY-ST-ZIP JENSEN BEACH, FL ITHE NAME BESSEMER,WM. J. STREET ADDRESS CITY-ST-ZIP TITLE NAME BESSEMER, WM K. STREET ADDRESS CITY-ST-ZIP TITLE NAME KIRKBRIDE, TAMARA A STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 11. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my arms exposers is Plock 11 or Rock 11 if			•		·	
BESSEMER,WM. J. STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 TITLE S NAME BESSEMER, WM K. STREET ADDRESS 1003 TILTON RD. CITY-ST-ZIP PT. ST. LUCIE, FL TITLE NAME KIRKBRIDE, TAMARA A STREET ADDRESS 116 N SEWALLS PT RW STUART, FL 34996 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 orficer or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that I am an orficer or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my name empress is Block 10 or B				DO	NOT WRITE	
STREET ADDRESS 116 N SEWALLS PT RW CITY-ST-ZIP STUART, FL 34996 TITLE S MAME BESSEMER, WM K. STREET ADDRESS CITY-ST-ZIP PT. ST. LUCIE, FL TITLE TITL	TITLE			IN T	THIS SPACE	
CITY-ST-ZIP STUART, FL 34996 TITLE S NAME BESSEMER, WM K. STREET ADDRESS 1003 TILTON RD. CITY-ST-ZIP PT. ST. LUCIE, FL TITLE T NAME KIRKBRIDE, TAMARA A STREET ADDRESS 116 N SEWALLS PT RW CITY-ST-ZIP STUART, FL 34996 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. In further certify that the information of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my name engages in Block 10 or Block 11 if		·		114	ITHO OF ACE	
TITLE S NAME BESSEMER, WM K. STREET ADDRESS 1003 TILTON RD. CITY-ST-ZIP PT. ST. LUCIE, FL TITLE T NAME KIRKBRIDE, TAMARA A STREET ADDRESS 116 N SEWALLS PT RW CITY-ST-ZIP STUART, FL 34996 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 engages in Block 10 or Block 11 if						
BESSEMER, WM K. STREET ADDRESS CITY-ST-ZIP PT. ST. LUCIE, FL TITLE T KIRKBRIDE, TAMARA A STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 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. In further certify that the information of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my name emperers in Block 10 or Block 11 if			1			
STREET ADDRESS CITY-ST-ZIP PT. ST. LUCIE, FL TITLE TIT						
TITLE T KIRKBRIDE, TAMARA A STREET ADDRESS 116 N SEWALLS PT RW STUART, FL 34996 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 orficer 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 engages in Block 10 or Block 11 if	STREET ADDRESS					
NAME KIRKBRIDE, TAMARA A STREET ADDRESS 116 N SEWALLS PT RW CITY-ST-ZIP STUART, FL 34996 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 empages in Block 10 or Block 11 if	CITY-ST-ZIP	PT. ST. LUCIE, FL			·	
STREET ADDRESS 116 N SEWALLS PT RW STUART, FL 34996 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 empers in Block 10 or Block 11 if						
STUART, FL 34996 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 empages is Block 10 or Block 11 if						
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 empers in Block 10 or Block 11 if					,	
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.			motions so-t-t-	Lin Chanta - 440	Florido Statutos I funtamentalista de la companya d	
	indicated of the cor	on this report or supplemental report is true and accurate and that my signat poration or the receiver or trustee empowered to execute this report as required on a stackment with an address with all other like empowered.	ure shall have the seed by Chapter 607	same legal effec , Florida Statute	t as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if	

SIM BESSYMEN