	FILED Apr 23, 2008 08:00 AN Secretary of State			2008 FOR PROFIT CORPORATION ANNUAL REPORT				
620 N WYMORE RD STE 240 MATLAND, FL 32751 620 N WYMORE RD STE 240 MATLAND, FL 32751 050 DO NOT WRITE IN THIS SPACE 04212008 No Chg-P CR2E034 (11/05) Certification of Status Desired 04212008 No Chg-P CR2E034 (11/05) Certification of Status Desired 04212008 No Chg-P CR2E034 (11/05) Certification of Status Desired 04212008 No Chg-P CR2E034 (11/05) Certification of Status Desired 04212008 No Chg-P CR2E034 (11/05) Certification of Status Desired Agent HICKS, RICHARD C JR Status Desired Status Desired Status Desired Status Desired Status Desired Status Of Plotda. 1 am familiar with, and ac SiGNATURE SiGNATURE Status Of Plotda. 1 am familiar with, and ac	state	Secretary of S			. SERVICES, INC.	18	1. Entity Nam	
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	For	No Chg-P CR2E034 (11/05) ar Applied F 1282 Not Appli \$9 75 Addition	04212008 4. FEI Numb 59-150	CE	N THIS SPA	O NOT WRITE II	-	
12806 MAGNOLIA POINTE BLVD CLERMONT, FL 34711 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and active obligations of registered agent. SIGNATURE Signature, typed or printer name of registered agent and their if applicable NOTE: Registered Agent signature requeed when reinstating) DATE SIGNATURE FILE NOWTH: FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U000000915518 05/09/08-80018-013 150,00 10. OFFICERS AND DIRECTORS TITLE TITLE CT NAME S305 BUCKMINISTER CIRCLE CITY-ST-2P ORLANDO, FL 32803 THE THOMPSON, AMY H STREET ADDRESS 2305 BUCKMINISTER CIRCLE CITY-ST-2P CITHOMPSON, AMY H STREET ADDRESS 2305 BUCKMINISTER CIRCLE CITY-ST-2P THOMPSON, AMY H STREET ADDRESS 2305 BUCKMINISTER CIRCLE CITY-ST-2P CITHOMPSON, AMY H STREET ADDRESS 2305 BUCKMINISTER CIRCLE CITY-ST-2P CITY ST-2P ORLANDO, FL 32803 THOMPSON, AMY H STRET ADDRESS <td cols<="" th=""><th></th><th></th><th>5. Certificate</th><th> </th><th>tered Agent</th><th>6. Name and Address of Current Regis</th><th></th></td>	<th></th> <th></th> <th>5. Certificate</th> <th> </th> <th>tered Agent</th> <th>6. Name and Address of Current Regis</th> <th></th>			5. Certificate		tered Agent	6. Name and Address of Current Regis	
the obligations of registered agent. Signature, typed or printed name of registered egent and lufe if applicable (NOTE: Registered Agent adgreture required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U000000915518 05/09/08-80018-013 150.00 10. OFFICERS AND DIRECTORS Intre THOMPSON, B.FORREST STREET ADDRESS Soon May Be Added to Fees ORLANDO, FL 32803 TITLE D NAME THOMPSON, AMY H State TADDRESS 2305 BUCKMINISTER CIRCLE CIRCING ORLANDO, FL 32803 TITLE D NAME THOMPSON, AMY H Statest AdDRESS 2305 BUCKMINISTER CIRCLE ORLANDO, FL 32803 TITLE D Statest AdDRESS Statest AdDRESS Statest AdDRESS						GNOLIA POINTE BLVD	12806 MA	
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TITLE AT NAME HICKS, JANET L STREET ADDRESS 12806 MAGNOLIA POINTE BLVD. CITY-ST-ZIP CLERMONT, FL 34711						HICKS, JANET L 12806 MAGNOLIA POINTE BLVD.	NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							NAME Street address	
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 informati 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 direct 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 is changed, or on an attachment with an address, with all other like empowered.	ion ctor 11 if	, Florida Statutes. I further certify that the informat t as if made under oath; that I am an officer or dire s; and that my name appears in Block 10 or Block	in Chapter 119 ame legal effec , Florida Statute	amptions contained ture shall have the s red by Chapter 607,	d to execute this report as requi	poration or the receiver or trustee empowered	of the cor	
SIGNATURE:	[¹ Date Daytime Phone #		OR	NAME OF SIGNING OFFICER OR DIRECT		SIGNAT	

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