2007 FOR PROFIT CORPORATION

ANNUAL REPORT

Jan 22, 2007 8:00 am Secretary of State

FILED

DOCUMENT # 460223 1. Entity Name CRARY, BUCHANAN, BOWDISH, BOVIE, BERES, ELDER & WILLIAMSON, CHARTERED						01-22-200		048 ***15	50.00		
Principal Place of Business Mailing Address		· · · · · · · · · · · · · · · · · · ·		j	400044	41					
555 COLORADO AVE. #1		555 COLORADO AVE. #1				4 • -					
P.O. DRAWER 24		P.O. DRAWER 24									
STUART, FL 34994		STUART, FL 34994			· 	Brit 2018 1016 1008	 	ISIK BIBU BIBU GIBI	SEEL (1.163)		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			411						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	Chg-P	CR2E	034 (12/06)			
City & State		City & State			4. FEI Numbe 59-1548				plied For t Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent			
BUCHANA	N, LARRY E.		Name		s L.S. B	owdish					
	RADO AVE. #1		Street			er is Not Acceptab	ole)				
STUART, I	FL										
			City	555	<u>Colorado</u>	Avenue		Zio Cod			
			لم	Stua			FI	<u> </u>			
	named entity submits this statement to	the purpose of changing its re	egistered office	or registe	red agent, or bot	h, in the State of F	Florida. I an	familiar with,	and accept		
the obligations of registered agent. SIGNATURE ANNUAL STATES L.S. Bowdish //// 07											
SIGNATURE.	MAN AS.	a city with		Janes	H.O. DO	<u> </u>		19/			
	Signature, typed or printed name of registered agent (and title if applicable. (NOTE:	Registered Agent sig	nature required	d when reinstating)		DATE	•			
	Signature, typed or printed name of registered egent of						DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig	n Financing	\$5	.00 May Be led to Fees		DATE	<u> </u>			
	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	n Financing	\$5	.00 May Be led to Fees	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11		
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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 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: Sargour C. Grosse Lawrence E. Crant. Secretary	aloglor	(772) 287–2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date /	Daytime Phone #