2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

1. Entity Nam A. C. & R						90017 043 ***150	J.OO	
Principal Place 2535 SUCCE ODESSA, FL		Mailing Address 2535 SUCCESS DR ODESSA, FL 33556	US	4000 10000		II NUSII NITII NINI NINI KAU REL	(8 e) (1 4 0 0)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suile, Apt. #, etc.		01112008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 59-1566		 -	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of	f Status Desired	\$8.75 Add		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New I	Registered Agent		
PAKED DI	CUADDW		Name	Name				
BAKER,RICHARD W. 2535 SUCESS DR ODESSA, FL 33556			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	9	
8. The above the obligation	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office or regis	tered agent, or both	, in the State of Fl	orida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered age	To and title if applicable.	TE: Registered Agent signature requ	ired when reinstation)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa	aign Financing	5.00 May Be				
10.	OFFICERS AN	1		ADDITIONS /	HANGES TO OF			
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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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date