DOCUMENT # 479791 1. Set by Name Charley P.A.	ANNUAL REPORT					Secretary of State			
Solit MACROLIA AVE STE 300 ORLANDO, FL 32853-3200 ORLANDO, FL STE 300 ORLANDO	1. Entity Nam	ie			(X I		•		
Suite, Apt. #, etc.	801 N. MAGNOLIA AVE., STE 300		801 N MAGNOLIA AVE STE 300	200	4000	 1818 1811 1881 1818	AUK ULUN ULUN 11011 SINU 11011		
City & State Country 32803 Country 5. Conflictate of Status Desired 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name City FL 2to Code City FL 2to Code 6. The people of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obligations of registered agent, or both, in the State of Florida, I am Iterifian with, and accord tree obli	Principal Place of Business - No P.O. Box #		3. Mailing Address				<u> </u>		
22p	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008	Chg-P	CR2E034 (12/0	6)	
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Street Address (P.C. Box Number is Not Acceptable)		6. Name and Address of Curren			7. Name and Address of New Registered Agent				
City FL Zip Code 8. The above named only submis this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. SIGNATURE Signature Signature trained or present reme of legistered agent and other apparature. AOTE, Registered Agent expensive required agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. SIGNATURE Signature Signature trained or present reme of legistered agent and other apparature. AOTE, Registered Agent expensive required and removatoring. DATE TILE NOW!!! FEE IS \$150.00 Signature trained after removatoring. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFI	LANEY M GRAY JR				Name				
Either above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature lipsed or printed inglatence agent and little diagnostic. IACTE, Registered Agent septation required when retrictating) DATE	801 N. MAGNOLIA AVE., STE 300			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named only submist his 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 Signature, typed or princed name of impassed agent and title a capalicuble. (NOTE Registered Agent suprative required when reflectioning). OATE				City			⊏ ∎ Zip C	ode	
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FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE PS LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP WINTER PARK, FL 10. Delate INTE LANEY, M GRAY JR SIREET ADDRESS CITY-ST-ZPP 10. Delate INTE LANEY SIREET ADDRESS CITY-ST-ZPP 10. Delate LANE			or the purpose of changing its r	egistered office or r	egistered agent, or both	n, in the State of	Florida. I am familiar w	th, and accept	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE.	Signature, typed or printed name of registered agen	1 and title if applicable. (NOTE.	Registered Agent signature	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	•	
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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.

M. Gray Laney, Jr. M. Laney, Jr. H. M. Gray Laney, Jr. M. Janey Laney, Jr. Janey Laney, Jr. M. Janey Laney Lan

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR