


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90019 044 ***150.00

DOCUMENT # 506263 1. Entity Name XAVIER J. WAHNER, C. P. A., CHARTERED	
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40031107



02022007 Chg-P CR2E034 (12/06)

Principal Place of Business 1700 SOUTH DIXIE HWY SUITE 103 BOCA RATON, FL 33432	Mailing Address PO BOX 2859 BOCA RATON, FL 33427
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2. Principal Place of Business - No P.O. Box # 5127 NW 26th Street	3. Mailing Address 5127 NW 26th Street
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103
City & State Ocala, Florida	City & State Ocala, Florida
Zip 33482	Country USA

4. FEI Number 59-1677942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WAHNER, XAVIER J. 1700 SOUTH DIXIE HWY STE 103 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Arthur F. Tait, Jr. Street Address (P.O. Box Number is Not Acceptable) 5127 NW 26th Street City Ocala FL Zip Code 34482
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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:  **Arthur F. Tait, Jr.** DATE: **2-1-07**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAHNER, XAVIER JUAN 1700 S DIXIE HWY, STE 103 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5127 NW 26th Street Ocala, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAHNER, GLENDA M. 1700 S DIXIE HWY, STE 103 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5127 NW 26th Street Ocala, FL 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Xavier J. Wahner** Date: **2-22-2007** Daytime Phone #: **423-949-6070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR