2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

DOCUMENT # 554630 1. Entity Name Y. TOMMY HOUSCH CORPORATION						7 90167 038	8 ***15	0.00
Principal Place	e of Business	Mailing Address	1	004	67UV1			
Principal Place of Business 323 ANNONA AVE PAHOKEE, FL 33476 US Address 323 ANNONA AVE PAHOKEE, FL 33476 US			US .			n)	dal Braat dabit	(48) II) 88)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 527						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007	Chg-P	CR2E034	(12/06)	
City & State		City & State Fellsmere, FL 32948		4. FEI Numb 59-177			<u> </u>	plied For t Applicable
Zip	Country	^{Zip} 32948	Country	5. Certificate	of Status Desired		.75 Add e Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New I	Registered Age	ent	
HOUSCH, TOMMY Y. 323 ANNONA AVE PAHOKEE, FL 33476				Name Streat Address (P.O. Box Number is Not Acceptable)				
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			City			FL	Zip Code)
	named entity submits this statement fo	or the purpose of changing its re	gistered office or r	registered agent, or be	th, in the State of F	lorida. I am fam	iliar with,	and accept
	5 5							
SIGNATURE_								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signatur	re required when reinstating)		DATE		
FIL	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign	n Financing	\$5.00 May Be Added to Fees		DATE		
FIL	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	/CHANGES TO OF		RECTORS	S IN 11
FIL After Ma	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Trust Fund Contrib	n Financing ution.	\$5.00 May Be Added to Fees	/CHANĞES TO ÖF	FICERS AND DI	RECTORS) Change	S IN 11
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

Daytime Phone #