2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2007 8:00 am Secretary of State

| DOCUI 1. Entity Name LUNAR S | | | | | 01-18-200 | 7 90090 029 ** | |
|--|---|--|-----------------------------------|--------------------------|--------------------------------|--|----------------------------|
| Principal Place 5220 N OCE/ HOLLYWOOD | AN DRIVE | Mailing Address 5220 N OCEAN DRIVE HOLLYWOOD, FL 33019 | | | 1 1741 1141 1881 1881 1 | (1 01011 1 171); XXIII 6161 6161 | 0 1991 4 00 11 (684 |
| D | O NOT WRITE | CE | 01092007 4. FEI Numb 59-179 | No Chg-P er | → | Applied For Not Applicable | |
| | THOR S. TH OCEAN DRIVE DOD, FL 33019 | DO NOT WRITE IN THIS SPACE | | | | | |
| 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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of orniget name of registred agent and other is applicable. (NOTE: Registered Agent signature required when remistating) DATE | | | | | | | |
| After M | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0 | <u>`</u> | | .00 May Be ed to Fees | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRONDAL, THOR S. 1820 S.W. 73 AVENUE PLANTATION, FL | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POLL, DAVID L. 319 WALNUT STREET HOLLYWOOD, FL | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | • | | ·· — | | NOT W | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SF | PACE | |
| ITTLE RAME STREET ADDRESS CITY-SI-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 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 expected 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. | | | | | | | |