## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AN
Secretary of State

1. Entity Nam RESPITE Principal Place 8257 CAUSE	EK, INC.  Te of Business  WAY BLVD	Mailing Address 8257 CAUSEWAY BLVD			Secretary of St
TAMPA, FL 33619  DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  ANZULEWICZ, GARY M 8257 CAUSEWAY BLVD TAMPA, FL 33619-3557				01042008 No Chg-P CR2E034 (11/05)  4. FEI Number	
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  Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent agnature required when renstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  P. Election Cempaign Financing Added to Fees					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DEPARTMENT OF THE PROPERTY OF T	DIRECTORS			000000776109 01/09/08-80012-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- - 	IN T	NOT WRITE THIS SPACE
TITLE NAME SIREET ADDRESS CITY-ST-ZIP					

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 calh; 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

1-7-08

813-626-3333

Daytime Phone #