2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 08:00 A ate

ANNUAL REPORT					Secretary of St			
1. Entity Nam	MENT # 590297 TTER, INC.					Secreta	ary oi St	
Principal Plac 846 NORTH LANTANA, FI		Meiling Address 7848 S FEDERAL HWY HYPOLUXO, FL 33462			# 18(1) 881/8 11818 1811/ F8		BJAJJ A(BJ)(FBJ (7 1887	
C	OO NOT WRITE	CE	01042008 4. FEI Numb 22-224 5. Certificate			1/05) Applied For Not Applicable 75 Additional Required		
	6. Name and Address of Current Ri HARRIS CEAN BLVD #807 ACH, FL 33480			NOT W THIS SF				
	named entity submits this statement for tions of registered agent.	he purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familia	ar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	d Agent signature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees	UGOBO	0860698		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BERMAN, LEO B. 7848 S FEDERAL HYPOLUXO, FL	RECTORS			' 04702708	-30074-00	7 150:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN HARRIS 7848 S FEDERAL HYPOLUXO, FL							
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT W	RITE		
THLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SF	PACE		
THILE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME	i	· · · · · · · · · · · · · · · · · · ·	·	,				

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 tudstee 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:

STREET ADDRESS CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

311-582-3213 Daylime Phone #