2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #602539 02-12-2007 90083 011 ***158.75 TROUTMAN, WILLIAMS, IRVIN, GREEN, HELMS & POLICH, P.A. 40014000 Mailing Address Principal Place of Business 311 W. FAIRBANKS AVE. 311 W. FAIRBANKS AVE. WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01312007 CR2E034 (12/06) Chg-P 4, FEI Number Applied For City & State City & State 59-1307346 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TROUTMAN, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 311 W. FAIRBANKS AVE. WINTER PARK, FL 32789 Zip Code City FL 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 if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 X Addition PD TITLE □ Change HILE Delete HELMS, ROGER D TROUTMAN.RUSSELL NAME NAME STREET ADDRESS STREET ADDRESS 311 W. FAIRBANKS AVE. WINTER PARK. FL CITY-ST-712 WINTER PARK, FL CITY ST-ZIP Addition ☐ Change SD Delete TITLE TITLE IRVIN, PAUL B. NAME NAME HEMPHILL, ROBERT N STREET ADDRESS STREET ADDRESS 311 W. FAIRBANKS AVE. 311 WEST FAIRBANKS AVENUE * WINTER PARK FI. CITY-ST-ZIP WINTER PARK, FL CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE Polich, Joseph WILLIAMS, JOSEPH H. NAME NAME STREET ADDRESS 311 WEST FAIRBANKS AVENUE STREET ADDRESS 311 W. FAIRBANKS AVE. CITY-ST-78 CITY-S1-ZIP WINTER PARK, FL WINTER PARK, FL

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 acceiver 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 attagnment with an address, with all other like expowered.

ER OR DIRECTOR

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

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SIGNATURE! YNSULLI MA

GREEN, ROBERT F

WINTER PARK, FL

311 W FAIRBANKS AVE

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FILED Feb 12, 2007 8:00 am