FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90190 028 ****61.25

2007 NO I	-FUK-PKU	IFII GURP	UKATION
	ANNUAL	REPORT	

Principal Place of Business 3062 NW 60 AVE. FT LAUDERDALE, FL 33313 Mailing Address 3062 NW 60 AVE. FT LAUDERDALE, FL 33313		
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-NP CR2	2E037 (12/06)	
City & State City & State 4. FEI Number 59-1205572	Applied Fo	
Zip Country Zip Country 5. Certificate of Status Desired	\$8.75 Additional	2010
6. Name and Address of Current Registered Agent 7. Name and Address of New Register	<u>.</u>	
Name		
CARTER, NOLA 3062 NW 60 AVE FORT LAUDERDALE, FL 33313-1203 Street Address (P.O. Box Number is Not Acceptable)		
City	FL Zip Code	
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.	am familiar with and acc	cent
CICALATINE		
Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make c	check payable to	-
Signature, typed or printed name of registered agent and title if applicable. (INOTE: Registered Agent signature required when reinstating) Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida December 1.	check payable to epartment of State	
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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 trustee empowered to execute this report as required by Chapter 617, 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: .

arter SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR -9.07 9545713062 Daytime Prione #