2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additiona Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELTON & WILLIAMSON, P.A. 1020 FERDON BLVD. SOUTH CRESTVIEW, FL 32536 8. The above named entity-analymits 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 a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. INME SIRET ADDRESS P.O. BOX 881 CITY-ST-2IP OPP; AL 36467 TITLE CP Delete ITILE TAYLOR, ALICE R SIREET ADDRESS P.O. BOX 881 CITY-ST-2IP Delete ITILE TAYLOR, ALICE R SIREET ADDRESS P.O. BOX 881 CITY-ST-2IP Delete ITILE TAYLOR, ALICE R SIREET ADDRESS P.O. BOX 881	1. Entity Name	MENT#FUTOUUUU2 e 'LOR'S, INC.		01-25-2008 90029 033 ***150.00				
Suite, Apt. #, etc. Suite, Ap	123 EAST COVINGTON AVE.		P.O. BOX 881		+ (BB)(SB) -(H)		it arin paha nen asira atibi ka	
City & State Country Country Step Country Sterificate of Status Desired Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$1. Name and Address of New Registered Agent Name BEN L. HOLLEY, Attorney Street Address (P.O. Box Number is Not Acceptable) City Crestview FL Zip Code 32.53 8. The above named entity entry mits 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 a the obligations of registrate agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INLE MAME TAYLOR, ROBERT W TAYLOR, ROBERT W SIREET ADDRESS CITY-SI-ZiP OPP; AL 36467 TILE CP Delebe TITLE NAME SIREET ADDRESS CITY-SI-ZiP OPP; AL 36467 TILE CP Delebe TITLE NAME SIREET ADDRESS FO. BOX Namber is Not Acceptable) Street Address of New Registered Agent Fee Required Street Address of New Registered Agent Fee Required PROPERS AND DIRECTORS IN 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TAYLOR, ROBERT W SIREET ADDRESS CITY-SI-ZiP Delebe TITLE NAME SIREET ADDRESS SIREET ADDRESS FO. BOX Name and Address of New Registered Agent Fee Required Street Address (P.O. Box Name and Address Status Desired TayLOR, ALICE R SIREET ADDRESS FO. BOX Status Desired Street Address of New Registered Agent Trust Fund Contribution ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change Chan	2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address					
Zip Country Zip Country 5. Certificate of Status Desired \$\\$8.75\\$ Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELTON & WILLIAMSON, P.A. 1020 FERDON BLVD. SOUTH CRESTVIEW, FL 32536 8. The above named entity probabilist his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. IN MAME TAYLOR, ROBERT W SIRET ADDRESS P.O. 80 881 CITY-ST-2IP OPP; AL 36467 TILE CP Details ITILE CP Change ITILE NAME STREET ADDRESS P.O. BOX 881 CITY-ST-2IP Details ITILE CP Change ITILE NAME STREET ADDRESS P.O. BOX 881	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-P	CR2E034 (12/06)	
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WELTON & WILLIAMSON, P.A. 1020 FERDON BLVD. SOUTH CRESTVIEW, FL 32536 154 Hickory Ave., West		6. Name and Address of Current	Registered Agent		7. Name and A	Address of New R	Registered Agent	
8. The above named entity-orderits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and tide if apolice (in NOTE: Registered Agent signature required when reinstating) PILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE D : Delele TITLE TAYLOR, ROBERT W SIRRET ADDRESS CITY-S1-ZIP OPP: AL 36467 Delele NAME TAYLOR, ALICE R SIRRET ADDRESS P.O. BOX 881 SIRRET ADDRESS SIRRET ADDRESS P.O. BOX 881 SIRRET ADDRESS P.O. BOX 881 SIRRET ADDRESS P.O. BOX 881 SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS P.O. BOX 881 SIRRET ADDRESS P.O. BOX 881 SIRRET ADDRESS P.O. BOX 881	1020 FERDON BLVD. SOUTH			BE N	BEN L. HOLLEY, Attorney			
8. The above named entity softymits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature: hyberd or printed name of registered agent and title if apolice (e. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				City				
10.	the obligati	Signature: typed or printed name of registered agent E NOW!!! FEE IS \$150.00	and title if application. (NOTE 9. Election Campai	E: Registered Agent signature requiring Financing	5.00 May Be	i, in the State of Flo	orida. I am familiar with,	and accept
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WIT OF ALL DOTTO!	NAME	TAYLOR, ALICE R	☐ Delete	NAME			☐ Change	Addition
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ITILE 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information curpolied with		NAME STREET ADDRESS CITY-ST-ZIP	and in Chapter 110	Elorida Statutas		Addition

2. The early scaling makine information supplied with this ining does not quality for the exemptions contained in Chapter 119, Florida Statules. 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 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 BIGNING OFFICER OR DIRECTOR

Alice R. TAylor

1-21-08

334 493-345

Daytime Phone #