2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State 05-21-2008 90025 010 ***150.00

6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Teaching South Pinke Island Road PLANTATION, FL 33324 8. The above named entity submits 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 active the obligations of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active the obligations of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active the obligations of registered agent and the purpose of changing its registered agent registered agent, or both, in the State of Florida. I am familiar with, and active the obligations of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active the obligations of registered agent and the purpose of changing its registered agent agent or both, in the State of Florida. I am familiar with, and active the obligations of registered agent and the state of Florida. I am familiar with, and active the obligations of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active the obligations of registered agent and the purpose of registered agent, or both, in the State of Florida. I am familiar with, and active the obligations of registered agent and the purpose of registered agent, or both, in the State of Florida. I am familiar with, and active the obligations of registered agent and the purpose of registered agent and the purpose of registered agent and the purpose of registered agent	1. Entity Na	JMENT#F0400003 IMP ERICA REAL ESTATE COM						
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City & State City & State City & State City & State City & S	Principal Place of Business - No P.O. Box # 3. Mailing Address							
The above named entity submits in its statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active objects of some and statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active objects of some and statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active objects of some and some area of sites. Signature. City	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272008	Chg-P	CR2E034 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 2. Sireet 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. I am familiar with, and acceptable to be obligations of registered agent and size a apactable. FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 7. Size Address (P.O. Box Number is Not Acceptable) PLE NOWILL FILE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. DATE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME COLLINS, ROGER B SIZE ADST 108TH PLACE CITY-ST-2P TILL SA, OK 74114 DEBET ADDRESS CITY-ST-2P TILL NAME SIZE ADDRESS SIZE	City & State					80	1 	plied For t Applicable
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code		6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New	Registered Agent	
B. 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 act the obligations of registered agent. SIGNATURE Signature, hipsed or protect name of registered agent and title # acokable (NOTE Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the state of registered agent, or both, in the State of Florida. I am familiar with, and act the state of registered agent, or both and act the state of Florida. I am familiar with, and act the state of Florida. I am familiar with, and act the state of Florida. I am familiar with, and act the state of Florida. I am familiar with, and act the state of Florida. I am familiar with, and act the state of Florida. I am familiar with and ac	1200 SO	UTH PINE ISLAND ROAD						
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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 of 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:

RE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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