2008 FOR PROFIT CORPORATION

FILED Feb 04, 2008 08:00 Al Secretary of State

ANNOAL REPORT						
DC 1. En JEF						
			O TIPE			
Princip	pal Place of Business	Mailing Address				
1900	NORTHPARK DR.	P.O. BOX 4309				
FT. W	ORTH, TX 76102-1014	FT. WORTH, TX 76164-0309				

			(0.50)	Į				
1900 NORTHPARK DR. P.		Mailing Address P.O. BOX 4309 FT. WORTH, TX 76164-0309	P.O. BOX 4309		T ZEBIKEB KIN EBIK BIGII EBIK BOUN BENK BOUN BENK BOUN BOUN BOUN BIKA BUNDA IN IO BI			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			O1172008 No Chg-P CR2E034 (11/05) 4. FEI Number 75-2250258 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE					
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 whon reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			encing	\$5.00 May Be Added to Fees	U00000811936 02/12/08-80026-010 150.00			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PT EUBANK, JEFF 4604 PERSHING AVE. FT. WORTH, TX 76107 S KIRKMAN, BILL 201 MAIN STREET ST. 1400 FT. WORTH, TX 76102	DIRECTORS	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 112 L PAYADOM.	certify that the optormation supplied wi	Mythis hijing atoes not qualify for the e	vemations destrict	ined in Chapter 13	9. Florida Statutes. I further certify that the information			

indicated on this report or supplied dripting and a statutes. From a statutes, in the feeting that the information of the corporation or the receiver of trustee empowered coverage 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 coverage and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all other time empowered.

SIGNATURE:

D OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR