2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Mar 08, 2007 08:0	
1. Entity Nan	MENT # F04711			Secre	etary of Sta
11570 WILE #1	S ROAD	Mailing Address 11570 WILES ROAD #1 CORAL SPRINGS, FL 33076		† 1884/88 AN 3884 BIRN 1886 ALDA 181 BIRN BIRN	ORAN ANDN ANDRE BRANKHA II RODI
C	OO NOT WRITE I		CE	02062007 No Chg-P CR20 4. FEI Number 59-2060155 5. Certificate of Status Desired	E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PARADISE, TERRY L. 5601 PINETREE ROAD POMPANO BEACH, FL. 33067				DO NOT WRIT	
	a named entity submits this statement for the tions of registered agent. Signeyire, typed or prints name of registered agent and title	purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida. I al	m familiar with, and accept
[Ogradure, typed or printed have or regulational agent and alle	a if applicable (NOTE: Registere	d Agent signature required	when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Prapplication (NOTE: Registered) Practical (NOTE: Registe	ncing \$5.	whon reinstating) DATE OO May Be d to Fees	
After M 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	.E NOWIII FEE IS \$150.00	Election Campaign Final Trust Fund Contribution.	ncing \$5.	00 May Be d to Fees U00000065960 03/16/07-80030	Έ
After M 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P PARADISE, TERRY 5601 PINETREE RD	Election Campaign Final Trust Fund Contribution.	ncing \$5.	00 May Be d to Fees U0000006596 03/16/07-8003	Έ

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all or the proposed.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-15-07

954-753-3846

Daytime Phone #