## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 19, 2007 8:00 am Secretary of State DOCUMENT #F38911 04-19-2007 90200 033 \*\*\*150.00 WEBBER, SCOLLON, PARIS AND ASSOCIATES, INC. Principal Place of Business Mailing Address 1580 SAWGRASS CORP. PKWY 1580 SAWGRASS CORP. PKWY SUITE 130 SUITE 130 SUNRISE, FL 33323 US SUNRISE, FL 33323 US Principal Place of Business - No P.Q Mailing Address 545 SUNNY ( 545 SUNNY CREEK MRIVE Suite, Apt. #, etc. 04122007 Chg-P CR2E034 (12/06) 4. EEI Number Applied For 59-2135108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required ess of Current Registered Agent 7. Name and Address of New Registered Agent (SAME WEBBER, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 10743 LISBON ST COOPER CITY, FL 33026 2545 SUNNY 8. The above named entity submits this statement for the purpose of changing its registered office or registered. gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVTD** ☐ Change Addition TITLE ☐ Delete TITLE NAME WEBBER, DANIEL J. NAME 10743 LISBON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33026 CATY-ST-7/2 TITLE ☐ Change ☐ Addition TITLE NAME NAVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 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 abotten like empowered.