2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 8:00 am

	ANITOAL	REPORT	·	_ Secre	etary of St	ate
1. Entity Nar	MENT # F47572 re	ON			008 90389 011 ***15	
Principal Place 5873 CINDY MILTON, FL		Mailing Address P.O. BOX 4833 MILTON, FL 32572-48	33	40000-		
	Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt		Suite, Apt. #, etc.		02212008 Chg-P	CR2E034 (12/06)	
City & Sta	ON, FL	City & State		4. FEI Number 59-2149554	1 1 -	oplied For ot Applicable
Ζφ 325	Country LUSA	Zip	Country	5. Certificate of Status Desi	Fee Require	ditional d
	6. Name and Address of Current F	Registered Agent	Name 7	7. Name and Address of N		
PARKER, JAMES E SR			TAR	RKER JAMES		
5873 CINI MILTON,			Street Addres	s (P.O. Box Number is Not Acce	KE (KKE	
			City	7		
A Thurston				SCTON	FL 320	\$ 7 <u>8</u>
the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the State	of Florida. I am familiar with,	and accept
SIGNATURE						
			<u> </u>			
	Signature, typed or printed name of registered agent a	nd little it applicable (NOTE	Registered Agent signature requ	aired when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai	gn Financing \$	55.00 May Be kidded to Fees	DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Contr	gn Financing \$ ibution. A	55.00 May Be udded to Fees	OFFICERS AND DIRECTOR	
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12. I hereby certify that the information supplied with this filing does not quality 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 employeered 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 SIGNING OFFICER OR DIRECTOR