2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AM Secretary of State

| ANNUAL REPORT | | | | Secretary of St | | | |
|---|---|---|-----------------------------|---------------------------|----------------------------|--|--|
| DOCU | MENT # F78168 | | | 5 | ecretary of St | | |
| | Ë B. MCCALL, P.A. | | | | | | |
| Principal Plac | ce of Business | Mailing Address | <u> </u> | | | | |
| 1001 N. US | | 1001 N. US HWY 1 | | | | | |
| SUITE 604 | | SUITE 604 | | | | | |
| JUPITER, FL | 33477 | JUPITER, FL 33477 | | | | | |
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| | | • | | | | BIJ BIBIT 41821 B2511 B1361 B2511BBT 11 1844 | |
| _ | NOT WOITE | IN THE ODA | 0 E | 01072008 | No Chg-P | CR2E034 (11/05) | |
| L | O NOT WRITE | IN THIS SPA | CE | 4. FEI Numbe | | Applied For | |
| ١ | | 1 W | | 59-218 | 7201 | Not Applicable | |
| | | | | 5. Certificate | of Status Desired | See Required | |
| | 6. Name and Address of Current F | legistered Agent | _ | | | | |
| MCCALL, | WALLACE B ESQ | | | DO | NOT WE | OITE . | |
| 1001 N. U | | | 1. | | | | |
| SUITE 604 JUPITER, | | | | IN T | THIS SPA | ACE | |
| 00/11/211, | 12 00 11 7 | | r · | , | | A STANKE | |
| 8. The above | named entity submits this statement for | the purpose of changing its registe | l red office or register | red agent, or bot | th, in the State of Floric | la I am familiar with, and accept | |
| the obligat | tions of registered agent. | | - | - | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent as | d tille if applicable (NOTE: Register | ed Agent signature required | d when reinstating) | | DATE | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution. | | | | .00 May Be led to Fees | | | |
| 10. | OFFICERS AND D | DIRECTORS | . | • ; | | | |
| TITLE | PSTD | | | .′ | | | |
| NAME STREET ADDRESS | MCCALL, WALLACE B. 1001 N. US HWY 1, STE 604 | | | | | | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | | • | Honoor | noteete | |
| TITLE | 1 | - · · · · · · · · · · · · · · · · · · · | - | , | 000000: 05713700 | /316612_616 (56°66) | |
| NAME | | | • | , | 907 107 00 | .20018_010 120100 | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | | | | • | | | |
| NAME | | | | | and the same of | a | |
| STREET ADDRESS CITY+ST-ZIP | | | * | DO | NOT WF | RITE | |
| TITLE | | . ,,,= | _ | | | and the second s | |
| NAME | | | | | THIS SPA | ACE | |
| STREET ADDRESS | | | | • | | | |
| CITY-ST-ZIP | | | _ | , | | | |
| TITLE | | | I | | | | |
| NAME CIRCIT ADODECC | | | | | | | |
| STREET ADORESS CITY-ST-ZIP | | | | 4 - * | | · : | |
| TITLE | | | ` | • | | | |
| MALIC | | | 1 | | | ī | |

12. Thereby 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 suppliemental report is the anil accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truttee empetiered to execute this affort as received by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 is changed, or on an attachment with any agreement.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08 (

153-5949

Daytime Phone #