2007 FOR PROFIT CORPORATION

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ANNUAL REPORT					Apr 04, 2007 08:0		
DOCUI 1. Entity Nam AZUREA,					Se	ecretary of St	
Principal Place 365 GUS HIP ROCKLEDGE,	PP BLVD	Mailing Address 365 GUS HIPP BLVD ROCKLEDGE, FL 32955			64 1878 1888 1881 38 74 1881 877	1 1 1 1 1 1 1 1 1 1	
				02212007 No Chg-P CR2E034 (11/05)			
D	OO NOT WRITE	IN THIS SPA	CE	4. FE! Number 59-219 5. Certificate		Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	jistered Agent				1001000	
DE BUSK, THOMAS 3208 WESTCHESTER DRIVE COCOA, FL 32926					NOT WR THIS SPA	,	
the obligat	named entity submits this statement for thin ions of registered agent. Signature, typed or printed name of registered agent and the statement of the statement	uste il applicable (NOTE: Register 9. Election Campaign Fina	ancing	squired when renstating) \$5.00 May Be Added to Fees	th, in the State of Florida	a I am familiar with, and accept DATE	
10.	OFFICERS AND DIF		-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEBUSK, THOMAS A 3208 WESTCHESTER DRIVE COCOA, FL 32926 DS DEBUSK, SUZANNE B 3208 WESTCHESTER DRIVE COCOA, FL 32926		- ,, - , , , , , , , , , , , , , , , , , ,		U000006 04/12/07-8	90778 0003-013 158.75	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			- - -		NOT WR THIS SPA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					tage of the same	galage a state of	

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 if changed, or on an attachment with an address, with all other like empowered.

DEBUSIC

THOMAS

SIGNATURE:// Amail A Delluck

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-631-0610

Daytime Phone #