

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 16 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-21-07



09272007 Chg-P CR2E034 (12/06)

FEI Number: 38-2670491 Applied For: Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLASKERUD, DEBORAH
2621 COVE CAY DR. #609
CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

Name: CT Corporation
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Barbara A. Burke* Barbara A. Burke Special Assistant Secretary 11-16-07
(NOTE: Registered Agent signature required when re-registering) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	LEARTE, KATHLEEN	
STREET ADDRESS	5366 SOUTH SHORE DRIVE	
CITY-ST-ZIP	WHITEHALL, MI 49461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, Chair Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Ricciardelli	
STREET ADDRESS	London Rd, Crawley, W. Sussex	
CITY-ST-ZIP	RH10 9GX England	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Irwin	
STREET ADDRESS	London Rd, Crawley	
CITY-ST-ZIP	West Sussex, RH10 9GX England	
TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Snodde	
STREET ADDRESS	2727 Spring Arbor Road	
CITY-ST-ZIP	Jackson, MI 49203	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William M. Poole	
STREET ADDRESS	945 E. Paces Ferry Rd, Suite 2700	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *William M. Poole* 9/28/2007 404-723-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #