2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 AN DOCUMENT # G20086 1. Entity Namo **Secretary of State** REGGIE DAVID SANGER, P.A. Principal Place of Business Mailing Address 208 SE 9TH ST FT LAUD FL 33316 208 SE 9TH ST FT LAUD FL 33316 2. Principal Place of Business - No_P O. Box # 3. Mailing Address Suite, Apt #. etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2287775 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANGER, REGGIE DAVID Street Address (P.O. Box Number is Not Acceptable) 208 SE 9TH STREET FT. LAUDERDALE FL 33316 City Zip Codo 8. The above named ontity 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 . Signal-re; typod or nivited name of registered agent and life r applicable - DATE (NOTE, Registrated Agent signature required which reinstatural FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete 11111 HILE Change Addition SANGER, REGGIE D U00000603306 MAME NAME 208 SE 9TH ST. 01/29/07-80008-009 150.00 STEEL LABORESS SERELL ADDRESS FT LAUD FL CHY SI-ZIP CHY SI 70° Delete HH ☐ Change Addition Addition 11111 NAM NAMI STREET ADDRESS SHELL ADDRESS CHY SE ZIP CHY ST ZIP Change THEF ☐ Delete SHE Addition NAME NAME SIDEET ADORESS STRILE LADDRESS CHY-ST ZIP CHY ST-ZIP HILL ☐ Delete HHEF ☐ Change Addition NAME NAME SUNTIADDRESS SIBILLI ADDRESS CHY SI 7IP CITY ST ZIP HIE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY-ST-ZIP Delete ☐ Change Addition Hit utu MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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: Fred June Vierburg Vierburg Signing of Ficer on Director

1/19/07 954463854