2007 FOR PROFIT CORPORATION

FILED Feb 08, 2007 08:00 AM

ANNUAL REPORT			Secretary of State		
	49 A			v	
Mailing Address 8892 152ND PL SOUTH DELRAY BEACH, FL 33446	US				
IN THIS SPA	CE	01092007 4. FEI Number 59-233009	No Chg-P Cl	R2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
Registered Agent				- —	
and title if applicable. (NOTE Register 9. Election Campaign Fine	ad Agent signature required	when reinstating)		I am familiar with, and accept	
DIRECTORS		DO N	OT WRI	TE	
	Mailing Address 8892 152ND PL SOUTH DELRAY BEACH, FL 33446 IN THIS SPA Registered Agent The purpose of changing its register the purpose of changing its register (NOTE Register Page 1).	Mailing Address 8892 152ND PL SOUTH DELRAY BEACH, FL 33446 US EIN THIS SPACE Registered Agent The purpose of changing its registered office or register (NOTE Registered Agent signature required 9. Election Campaign Financing Trust Fund Contribution. Add	Mailing Address 8892 152ND PL SOUTH DELRAY BEACH, FL 33446 US O1092007 4. FEI Number 59-233005 5. Cartificate of Si Registered Agent DO N IN TH or the purpose of changing its registered office or registered agent, or both, in and title of applicable. (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing Trust Fund Contribution. DIRECTORS DO N DO N	Mailing Address 8892 152ND PL SOUTH DELRAY BEACH, FL 33446 US O1092007 No Chg-P Cl 4. FEI Number 59-2330097 5. Certificate of Status Desired Service of Status Desired No THIS SPACE The purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE Registered Agent signature required when refristating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees	

12. I hereby 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 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 tike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #