## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUM  1. Entity Name FLOWARD,				FILED 2007 MAR 23 AM II: 29									
Principal Place of Business 521 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301				Mailing Address 521 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301				SECRE AND E TALLAHASSEE, FLORIDA					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			:	03092007	Chg-P	Cf	R2E034 (1 <b>2</b>	/06)	
City & State				City & State				1			olied For Applicable		
Zip	Country		Zip		Country				of Status Des		Fee Re		
6. Name and Address of Current R				tered Agent		Name			Address of I	lew Registe	ered Agent		
BUNTROCK 521 EST LAS FT. LAUDER			Street A	ddress (	. Loving P.O. Box Numb Third Av	er is Not Acce	ptable)						
City Fort									1e		FF  33	Code 316	t.
8. The above na the obligation		y submits this statement for ered agent.	or the p										and accept
SIGNATURE	Inature typed	or printed name of registered agent		it applicable. (NOT	E: Registere	CCK /	L L ure required	when reinstating)	<del>,</del>	3.19	7. 07 DATE	<u> </u>	
								.00 May Be ed to Fees					
10. OFFICERS AND					11.			ADDITIONS	/CHANGES TO	OFFICERS			
NAME B STREET ADDRESS 5	NAME BUNTROCK, ELIZABETH 521 E LAS OLAS BLVD.				Delete TITLE NAME STREE CITY-S				<b>000</b> 9 9/070			9	Addition 25
NAME , Y	V Delete YOUNG, GARY S 1612 SW 10TH AVE FORT LAUDERDALE, FL 33315					E ME FET ADDRESS Y+ST-ZIP					Cr	ange	Addition
TITLE S NAME S STREET ADDRESS Z	ST Delete STEFANICK, SUSAN 709 SW 17TH AVE FT LAUDERDAL F, FL					E ME EET ADORESS Y-ST-ZIP	521	th, Joan E. Las t Lauden	Olas B		□ C+ 0.1	ange	Addition
TATLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					LE ME MEET ADORESS Y-ST-ZIP			,		□ CI	iange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME SEET ADDRESS SEET ADDRESS										Ct	range	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							□ Cr	lange	☐ Addition
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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Phone #													
SIGNATU	JRE:&	SIGNATURE AND TYPED OR	PRINTEI	NAME OF SIGNING OFFICER	LABE R OR DIREC	TOR	)ひと	TROCK	19 H	wich?	Daywine Pl	1 <u>23</u>	-41 <u>5</u> 5