2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2007 08:00 AM Secretary of State **DOCUMENT # G77805** EUGENE H. LEONARD C.P.A., P.A. Principal Place of Business Mailing Address 12567 N.E. 7TH AVENUE 12567 N.E. 7TH AVENUE N. MIAMI, FL 33161 N. MIAMI, FL 33161 04302007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2391908 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEONARD, EUGENE H. DO NOT WRITE 12567 N.E. 7TH AVENUE NORTH MIAMI, FL IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTS: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000753404 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees US/22/U7-80019-023 150.0A 10. OFFICERS AND DIRECTORS DPV TITLE NAME LEONARD, EUGENE H. STREET ADDRESS 12567 N.E. 7TH AVENUE CITY-ST-ZIP NORTH MIAMI, FL TITLE NAME STREET ANDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this thing 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 (1/15 - 1/153 - 20) 7 20 1 1 1 1 1 305 8 3

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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