2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90040 003 ***158.75

1. Entity Nam TOC PRO	MENT # H07321 DDUCTIONS INC.			1 .	-2007 90040 0	130.73	
Principal Place	e of Business	Mailing Address	,	4009	8 00 8		
1069 W. MOI		1069 W. MORSE BLVD.) 2711 UC	_			
WINTER PARI	K, FL 32789-3711 US	WINTER PARK, FL 32789	9-3/11 05	المعالمة المستنبر	gisteret.		
• 0:::::10	New of Business No. B.O. Baselli	La Mailine Address					
	Place of Business - No P.O. Box# W Morse Blud	3. Mailing Address 1069 W More	se Blud			8383 8383 31911 BIBII BIBII BIBII	
Suite, Apt.		Suite, Apt. #, etc.		04262007	Chg-P	CR2E034 (12/06)	
Suite City & State	e	Suite 1 City & State		4. FEI Numbe	r	- I Ap	plied Fo
Winter	Park 72	Winter Parki		59-2435	5255	No	t Applica
zip 3278	Country	32789	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current			7. Name and	Address of New R	egistered Agent	
LINDEDE	ICANIC		Name Wolfe	Richard	d C.		
LINDERS, JEANIE 4902 SAMOA CIR			Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32808			Suite 3300				
			Suite City	<u> </u>		EI Zip Code	· .
The above have dentity submits this statement for the purpose of changing its reg			Man		h is the Days of Cla	F- 33/3	3/
the obligat	rhanedentity submits this statement to this of egistered agent.	r the purpose of changing its re	egisterea onice or regis	ered agent, or box	n, in the State of Flo	inda. Tam iamiliar with,	ano acc
SIGNATION							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi	red when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaigr Trust Fund Contrib	~ ~ ~	5.00 May Be			
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10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11
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			TITLE P	idens Jea	nette C	⊠ Change	
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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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2707

407-478-1700

Daytime Phone #