2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

Principal Place of Business 3750 70TH AVENUE NORTH PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4032008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied Fr
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59-2504941 Not Applic
Zip Country Zip Country 5. Certificate of Status Desired 5. Sequired 5. Certificate of Status Desired 5. Sequired 5. Sequired 5. Certificate of Status Desired 5. Sequired 5.
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name .
CARR, FRANK 11752 ASHLEY COURT SEMINOLE, FL 33772 Street Address (P.O. Box Number is Not Acceptable)
OLIVINOLE, I E GOTTE
City FL Zip Code
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 ac the obligations of registered agent.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees
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12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Florida statutes. Florida statutes, increase 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

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

727/ 526-9585 Daysine Phone II