## FILED Mar 19, 2007 8:00 am Secretary of State

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

	03-19-2007 90095 033 ***150.00		
Principal Place of Business Mailing Address 60025294	4		
4320 WOODLAND PARK DRIVE MELBOURNE, FL 32904 US  4320 WOODLAND PARK DRIVE MELBOURNE, FL 32904 US	OSON BION DION OC	III <b>ka</b> i (C 1 <b>Va</b> i	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-P CR2t	E034 (12/06)		
City & State         City & State         4. FEI Number           59-2531921         59-2531921		oplied For ot Applicable	
Zip Country Zip Country 5. Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registere Name	d Agent		
INGRAM, BRUCE 4320 WOODLAND PARK DRIVE W. MELBOURNE,, FL 32904  Street Address (P.O. Box Number is Not Acceptable)			
City F	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.	ND DIRECTOR	S IN 11	
TIILE P Delete TIILE D  NAME INGRAM, BRUCE NAME SIREET ADDRESS CITY-SI-ZIP WEST MELBOURNE, FL 32904 CITY-SI-ZIP	<b>X</b> Change	Addition	
TITLE  MAME  STREET ADDRESS  CHY-S1-ZIP  TITLE  NAME  Cunningham, Gary R., I  #320 Woodland Park Drive W Melbourne, FL 32904	☐ Change	Addition	
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY ST ZIP	☐ Change	☐ Addition	
Delete	☐ Change	Addition	
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS CITY-S1-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119. Florida Statutes. I further candidated 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	☐ Change	☐ Addition	