

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-3992793 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME LARSEN, CAITLIN M
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE P
NAME ALEMAN, DIANNE
STREET ADDRESS 5757 N DISIE HWY.
CITY-ST-ZIP FT LAUDERDALE, FL 33334

TITLE T
NAME SHERMAN, JEFFREY S
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE AS
NAME MACK, KRISTINA A
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500119548935
03/06/08--01015--015 **150.00

DO NOT WRITE
IN THIS SPACE

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: Kristina A. Mack Kristina A. Mack, Assistant Secretary 469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #