2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

1. Entity Nar	IMENT # H97209			Secretary of State
813 LOMAX	ce of Business Mailing Address ST 1030 UNIVERSITY BLVD. NO. LE, FL 32205 US IACKSONVILLE, FL 32211	-		
	DO NOTAWRITE IN THIS SPA	Pilled SE	01042007 No Chg-P	CR2E034 (11/05)
		SE:	4. FEI Number 59-26438575. Certificate of Status Desire	Applied For Not Applicable d S8.75 Additional
	Name and Address of Current Registered Agent		are province established	Fee Required
1030 UNI	PHILIP H. /ERSITY BLVD. NO. IVILLE, FL 32211		DO NOT V	nandra berada a Libra i ila
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.	00 May Be ad to Fees		
10.	OFFICERS AND DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	P FRANCO, PHILIP H. 1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRANCO, FRED 6939 RIVERSEDGE ST CIRCLE BRADENTON, FL 34202		10000 10055 - 20 - 20 - 20 - 20 - 20 - 20 - 20	00635656 7-80024-002 150 00
TITLE NAME STREET ADDRESS CITY-S1-ZIP	V ADAMS, WALTER E. 2522 FARRIER LN. RESTON, VA 22091		DO NOT I	NRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS S	PAGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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: Philip H. Franco 1-9-07 904-743-866