2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J05224 1. Entity Name



FILED Feb 01, 2007 8:00 am Secretary of State 02-01-2007 90019 045 ***150.00

| Principal Place of Business S900 COUNTRY LAKS DRIVE 4220 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32804 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 ChgP CR2E034 (12/06) City & State City & State 4. FEI Number S9-2656500 Applied Solution of Section S9-2656500 Applied Applied Solution Section Section Section S9-2656500 Applied Solution Section Section Section S9-2656500 Applied Solution Section Section Section S9-2656500 Applied Solution Section Section Section Section S9-2656500 Applied Solution Section |
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| 5. Certificate of Status Besired Fee Required F |
| FOLMAR, THOMAS T 4220 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804 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 the obligations of registered agent. SIGNATURE Signature types or pented name of registered agent, and tide if applicable. (NOTE Registered Agent signature reaures when renestains) PATE FILE NOWIL! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS Dele Trust Fund Contribution. Dele THIS WAS FOLMAR, THOMAS T 4220 N ORANGE BLOSSOM TRAIL ORLANDO, FL TITLE TIDE ORLANDO, FL |
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| 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 the obligations of registered agent. SIGNATURE Signature typed of punted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reenslainty) PATE FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing |
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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:

Phyllis L. Smith
Signature and typed or printed mame of signing officer or director

1/25/07

407-293-7971

Dayume Phone #