2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOC	MENT # J28986	
1. Entity No	ane	



Principal Place of Business

Mailing Address

220 N. WESTMONTE DR. STE. E ALTAMONTE SPRINGS, FL 32714

REBÉCCA M. DEAL, PH.D., P.A.

220 N. WESTMONTE DR. STE. E ALTAMONTE SPRINGS, FL 32714



DO NOT WRITE IN THIS SPACE

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4.	FEI Number			Applied For				
	59-28162	282	ŗ	Not Applicable				

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAL, REBECCA M. 220 N. WESTMONTE DR., STE. E ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

		1		IN	THIS SPACE
	named entity submits this statement for the pions of registered agent,	urpose of changing its registere	ad office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
• •	Signature, typed or printed name of registered agent and tifle if	rapplicable. (NOTE: Registered	d Agent signature	required when reinstaling)	DATE
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees	
10. "- #	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	PST DEAL, REBECCA M. 220 N WESTMONTE DR STE E ALTAMONTE SPGS., FL				
TITLE NAME Street address City-St-Zip	D DEAL, REBECCA M. 220 N WESTMONTE DR STE E ALTAMONTE SPGS., FL				U1/18/U/-8U06S-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, 1, 7 H.			
12 I haraby o	partify that the information eventied with this fit	ling done not qualify for the ave		tained in Observe 44	O. Flacing Out to 11 feet as a stiff that the information

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 eath; 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:	Reheur	M	Die	Rebecca	M. Deal	1/2/07	(407) 862 -	-576
	SIGNATURE AND TYPED OR	PRINTED NAME OF	SIGNING OFFICER C	RDIRECTOR	Di	te.	Davime Phone #	