## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED DOCUMENT # J85490 Feb 26, 2007 08:00 AM EL CORTEZ OF WINTER PARK, INC. **Secretary of State** Principal Place of Business Mailing Address P.O. BOX 941539 P.O. BOX 941539 MAJTLAND, FL 32794-1539 MAITLAND, FL 32794-1539 02132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2840363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINN, JOHN H. DO NOT WRITE 1020 DUPONT AVE WINTER PARK, FL 32789 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UDDD0HE46629 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees #3706707-80040-005 150:00 10. OFFICERS AND DIRECTORS PD TITLE QUINN, JOHN H. NAME 742 FAIROAKS LANE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. (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.

John H. Ouinn, President 02/19/07 (407)740-0585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deta Dayling Proper 9