## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 08:00 A Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441  TITLE VD NAME STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  TITLE NAME STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441  TITLE NAME STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441  TITLE NAME STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441  TITLE NAME TREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441  TITLE NAME NAME VD DEERFIELD BEACH, FL 33441  TITLE NAME NAME NAME  TITLE NAME NAME  TITLE NAME  TITLE NAME NAME	550 FAIRW						, ,	oce ce	ary (	of Sta
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City & State  Country	2. Principal	Place of Business - No P.O. Box #	3. Mailing Address							
Zip Country  Zip Country  5. Contricate of Status Desired			Suite, Apt. #, etc.			01042007	Chg-P	CR2E03	4 (12/06)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & Sta	ate	City & State			1				·
MAYER, ROBERT, G 550 FAIRWAY DRIVE STE 104 DEERFIELD BEACH, FL 33441   Sirest Address (P.O. Box Number is Not Acceptable)	Zip	. Country	Zip	Coun	try	5. Certificate	of Status Desired			
MAYER, ROBERT, G 550 FAIRWAY DRIVE STEE 104 DEERFIELD BEACH, FL 33441  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 accept the obligations of registered agent.  SIGNATURE.  Signature, typed or printed name of registered agent and title if applicable.  White Pagestered Agent segretary submits in the State of Florida. I am familiar with, and accept the obligations of registered agent.  White Pagestered Agent segretary segretary printer required when reinstating)  DATE  FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Funancing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE MAYER, ROBERT G. SISTET ADDRESS SOF PAIRWAY DRIVE DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  DEITH CONTY-ST-2P DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  DEITH CONTY-ST-2P DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  TITLE TITLE VD DEERFIELD BEACH, FL 33441  TITL		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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 accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and a	MANCO	BORERT O			Name					
B. The above named entity submits this statement for the purpose of changing its 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 segnature required when refusating)   DATE      FILE NOW!!! FEE IS \$150.00   After May 1, 2007 Fee will be \$550.00	550 FAIR STE 104	WAY DRIVE			Street Address	(P.O. Box Numb	er is Not Acceptab	ole)		
8. The above named entity submits this statement for the purpose of changing its 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 other inapproache.   (NOTE: Registered Agent separated Agent s	DEERFIE	ELD BEACH, FL 33441								
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD Delete MAYER, ROBERT G. STREET ADDRESS CITY-ST-2IP DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  TITLE NAME STREET ADDRESS CITY-ST-2IP DEERFIELD BEACH, FL 33441  TITLE VD DEERFIELD BEACH, FL 33441  TITLE TITLE TOTAL THE ADDRESS TITLE TOTAL THE ADDRESS TITLE TOTAL THE ADDRESS TOTAL THE ADDRESS TITLE TOTAL THE ADDRESS ADDRESS TOTAL THE ADDRESS ADDRESS TOTAL THE ADDRESS ADDRE			or the purpose of changing its	register	ed office or regist	ered agent, or bo	oth, in the State of F	Florida. I am fa	amiliar with,	and accept
### After May 1, 2007 Fee will be \$550.00   Trust Fund Contribution   Added to Fees    10.	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E· Registere	d Agent signature requir	red when reinstating)	•	DATE		··-·
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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 presence of 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:** 

ROBERT G MAYER

4/24/07

954428-2523

Date

Daytime Phone #