2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 Al Secretary of State

1. Entity Nan	MENT # K35369 I TEMPS, INC.					Secreta	iry of Sta
Principal Place 826 CREIGH SUITE A-103 PENSACOLA	iton Rd. 3	Mailing Address 826 CREIGHTON RD. SUITE A-103 PENSACOLA, FL 32504 US					# # 10 14 4 1 0 1 4 10 10 10 10 10 10 10 10 10 10 10 10 10
C	OO NOT WRITE I		CE	04232007 4. FEI Number 59-291		CR2E034 (1	
STE. A-10	GHTON RD.			NOT W			
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and talk		ed office or register		h, in the State of Flo	orida. I am familia	ar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	U0000()749151	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PST LINN M. FARRIOR 11812 OLD COURSE RD. CANTONMENT, FL 32533	CTORS			05/18/07	-80010-01	6 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE					NOT W		
MALAT				IN I	THIS SF	ΆUE	

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!

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL OF CONTROL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #