2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED May 02, 2008 08:00 AN Secretary of State

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP		ANNUAL	. KEPOKI			_	1416	iy 02, 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C C (
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3845 MVESTMENT LANE SUFF PALM BEACH, FL 33404 US SUFF PALM BEACH, FL 33405 US SUFF PA	Principal Plac	e of Business	Mailing Address			†				
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Principle Place of Business - 140 P.O. Box # 3. Mailing Address	SUITE 2 SUITE 2			2 W.L.						
Suite Apt. 4, etc. Suite Apt. 4, etc.	WEST PALM	BEACH, FL 33404 US	WEST PALM BEACH, I	FL 33404	US		 		 	
City & State	Principal Place of Business - No P.O. Box # Mailing Address									
E. Name and Address of Current Registered Agent E. Name and Address of Current Registered Agent E. Name and Address of Current Registered Agent F. Name and Address of Name Registered Agent F. Name and A	Suite, Apt,	#, etc.	Suite, Apt. #, etc		04302008	Chg-P	CR2E034 (1	12/06)		
S. Contribution of Status Desired \$3.75 Auditional Page Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. This 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. 8. This 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. 8. GNATURE 8. This 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. 8. GNATURE 8. GNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Company in Financing Trust fund Committed. 9. Election Committed.	City & Stat	le	City & State		II				<u> </u>	
Section Sect	Zip Country		Zip	Count	ry	-			75 Add	ditional
RASULAK, JANET L 10209 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410 City FL Zip Code City FL Zip Cod		& Name and Address of Correct	Paristored Avent	<u></u>		l		⊱ee l		d
Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code		o. Name and Address of Current	Registered Agent		Name	/, Name and	Address of New N	egisterea Agen		
8. The above named entry submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SigNATURE Signature troops of registered agent to 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 troops of registered agent to 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SigNATURE Signature troops 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. SigNATURE Signature troops of the state of 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 troops of the state of the purpose of	10209 ALI	AMANDA BLVD.			Street Address	(P.O. Box Numbe	r is Not Acceptable	9)		
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added to Fees 10.	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered	Agent signature require	d when reinstating)		DATE		
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