2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 AM Secretary of State

ANNUAL REPORT					Apr 23, 2007 00.00 1			
1. Entity Nan	MENT # K77137 ne NTENANCE, INC.				S	ecretar	y of State	
	ce of Business OF MEXICO BLVD FL 33050 US	Mailing Address 7204 GULF OF MEXICO BLVD MARATHON, FL 33050 US				II BIBIX BIBA BABU BIBIX 9	NAMARANIKA KARA	
DO NOT WRITE IN THIS SPA				03072007 No Chg-P CR2E034 (11/05) 4. FEI Number				
	6. Name and Address of Current R	egistered Agent						
TATGENHORST, PAUL 7204 GULF OF MEXICO BLVD MARATHON, FL 33050			DO NOT WRITE IN THIS SPACE					
the obliga	e named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or reg	pistered agent, or bo	th, in the State of Flo	orida. Tam familiar	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	i title if applicable (NOTE: Registere	d Agent signature re	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D TATGENHORST, PAUL 7204 GULF OGF MEXICO BLVD MARATHON, FL	RECTORS		,				
TITLE NAME STREET ADDRESS CITY-ST-2IP	MARATHON, FL				U0: 05/08.	000072913: /07-80029	8 -003 150.ФО	
NAME STREET ADDRESS CITY-ST-ZIP IFILE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF			

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 biner like empowered.

NAME
STREET ADDRESS
CITY-ST-ZIP
HTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-7

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Daytime Pho