2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

Principal Place of Business % MICHAEL ROBERT LANGLEY 1026 BUCIDA RD DELRAY BEACH, FL 33483-6648 2. Principal Place of Business - No P.O. Box #	AICHAEL ROBERT LANGLEY 26 BUCIDA RD		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Size Additional Fee Required Agent Name And Address of New Registered Agent Name And Address (P.O. Box Number is Not Acceptable) And City The Size Additional Fee Required And City The Size Additional Fee Required And City The Size Additional Fee Required Size Additional Fee Required And City The Size Additional Fee Required Size Additional Fee Required And Address (P.O. Box Number is Not Acceptable) And Address (P.O. Box Number is Not Acceptable) Size Additional Fee Required And Address (P.O. Box Number is Not Acceptable) Size Additional Fee Required And Address of New Registered Agent Name And Address (P.O. Box Number is Not Acceptable) Size Additional Fee Required And Address (P.O. Box Number is Not Acceptable) Size Additional Fee Required And Address of New Registered Agent Name And Address of New Registered Agent Name And Address of New Registered Name	RAY BEACH, FL 33483-6648		
City & State City & State of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Requir	rincipal Place of Business - No P.O. Box #		
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGLEY, MICHAEL ROBERT 1026 BUCIDA RD DELRAY BEACH, FL Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH, FL Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH, 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 Rorida. I am familiar with, and acceptable in the obligations street agent. SIGNATURE FILE NOWITI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE NAME SIREET ADDRESS CITY-ST- ZIP DELRAY BEACH, FL TILE S LANGLEY, JANET A SIREET ADDRESS CITY-ST- ZIP DELRAY BEACH, FL TILE S LANGLEY, JANET A SIREET ADDRESS CITY-ST- ZIP DELRAY BEACH, FL TILE DELRAY BEACH, FL Delete ITILE NAME SIREET ADDRESS CITY-ST- ZIP DELRAY BEACH, FL TILE S LANGLEY, JANET A SIREET ADDRESS CITY-ST- ZIP DELRAY BEACH, FL TILE DELRAY BEACH, FL TILE DELRAY BEACH, FL TILE NAME SIREET ADDRESS CITY-ST- ZIP DELRAY BEACH, FL TILE DELRAY BEACH AGENT TILE DELRAY	Suite, Apt. #, etc. Suite, Apt. #, etc.		
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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 direct of the comporation 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 to changed, or on an attachment with an address, with all other like enhancement.	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAKE OF SKRINNG OFFICER OR DIRECTOR Date Date Daylore Prome #	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee err		