2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Feb 15, 2007 8:00 am Secretary of State 02-15-2007 90042 024 ***150.00	
Principal Place of Business 3444 EAST LAKE RD 412 PALM HARBOR, FL 34685		Mailing Address 3444 EAST LAKE RD 412 PALM HARBOR, FL 34685			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number         Applied For           59-3065552         Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent			Name	Name	
3444 EAST LAKE RD 412			Street Addres	s (P.O. Box Number is Not Acceptable)	
PALM HARBOR, FL 34685			City	FL Zip Code	
<ol> <li>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 the obligations of registered agent.</li> </ol>					
SIGNATURE	Signature, typed or printed name of registered ager	n and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa .00 Trust Fund Cont	~ ~ ~ •	5.00 May Be dded to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Street address City-st-zip	PD HERTER, JOHN 211 ALCALA MADRID, SPAIN,	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HERTER, PATRICIA 211 ALCALA MADRID, SPAIN,	🗋 Delete	TITLE NAME STREET ADDRESS CITY - ST- <b>ZIP</b>	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		🗋 Delete	TITLE NAME STREET ADQRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change 🗌 Addition	
indicated of the co	d on this report or supplemental report rporation or the receiver or trustee em , or on an attachmen with ar address	is true and accurate and that owered to execute this report with all other like empowered	my signature shall have th t as required by Chapter 6 d. WHERTER	ned in Chapter 119, Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 10 or Block 11 if $2 - 14 - 6 7 \qquad 727 - 7875290$ Dete Dayome Proce #	