2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

Signature Signature, typed or printed name of registered agent Signature, required when reinstalling Date	BARRY L	ne MILLER, P.A.					04-25-2007 90196 013 ***150.00				
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City & State Country Country Country Country S. Certificate of Status Desired \$8.75 Addition Fee Required 7. Name and Address of New Registered Agent Name Name Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this effetement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent SIGNATURE Byrelium, typed or printer name of registered agent SIGNATURE Byrelium, typed or printer name of registered agent FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Delete TITLE MAKE SIREET ADDRESS CITY-ST-ZIP OCLANDO, FL 32801 City-ST-ZIP OCLANDO, FL 32801 City-ST-ZIP Change Cha	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name City FL Zip Code 8. The 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 the obligations of registered agent SIGNATURE Signature, typed or primad name or registered agent a	City & Sta	te	City & State	City & State							plied For t Applicable
MILLER, BARRY L. 11 N SUMMERLIN AVE ORLANDO, FL 32801 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The 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 the obligations of registered agent SIGNATURE Spreature, hybor or prened name of registered agent at the if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Delete TITLE NAME SIREET ADDRESS 33 N SUMMERLIN AVE ORLANDO, FL 32801 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete Street Address (P.O. Box Number is Not Acceptable) Title Note of the Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Title Note of the Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Title Note of the Street Address (P.O. Box Number is Not Acceptable) Stre	Zip		·	Country	,					Fee Required	
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8. The 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, an the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent at the if applicable. (NOTE: Registered Agent algrenture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. STREET ADDRESS 11. D. S. C.	11 N SUM	MERLIN AVE - SUITE	100	_		ddress (P	.O. Box Numb	er is Not Acceptabl	e)		
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12. The ledy certify that the information supplied with mis fling does not quality 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 ordin; that I am an officer or director of the corporation or the receiver or truster ampowered 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: _

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 407 425-2400 Date Date Double Phone #