2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 08:00 AM Secretary of State

1. Entity Nam	MENT # L34638 E PATENT CORPORATION				S	Secretary of Sta
Principal Plac 12555 BISC/ SUITE 709 MIAMI, FL 3		Mailing Address 12555 BISCAYNE BLVD SUITE 709 MIAMI, FL 33181		 	1	
D	OO NOT WRITE	IN THIS SPA	CE	01222007 4. FEI Numbe 65-0168	No Chg-P	CR2E034 (11/05) Applied For Not Applicable
	6. Name and Address of Current Re			5. Certificate	of Status Desired	S8.75 Additional Fee Required
12555 BIS SUITE 709 MIAMI, FL	N, HENRY M. SCAYNE BLVD			DO IN 1	NOT W THIS SP	ACE
the obligat	tions of registered agent. Signature, typed or printed name of registered agent and			- 		
	pigniture, typed or printed name or objecting adout and	title if applicable (NOTE: Registers	ed Agent signature required	when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina	ncing \$5.	.00 May Be		DATE
	.E NOW!!! FEE IS \$150.00	Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be led to Fees		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be led to Fees		and the state of t
10. TITLE NAME STREET ADDRESS	PD CLAYMAN, HENRY M. 12555 BISCAYNE BLVD #709	Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be led to Fees		1633080
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CLAYMAN, HENRY M. 12555 BISCAYNE BLVD #709	Election Campaign Fina Trust Fund Contribution	noing \$5	.00 May Be led to Fees	000000 02/21/07	0633080 -80046-021 150.00
After Mi 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD CLAYMAN, HENRY M. 12555 BISCAYNE BLVD #709	Election Campaign Fina Trust Fund Contribution	noing \$5	.00 May Be led to Fees	000000 02/21/07 NOT W THIS SF	0633080 -80046-021 150.00 RITE PACE
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12. I hereby certify that the information supplied with this filling 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 fine like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

MAN AND TYPED ON PRINTED MAJE OF SIGNING OFFICER ON DIRECTOR

2/6/07

Daytime Phone #