2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 Al Secretary of State

	ANNUAL	REPURI		_	Thi	17,20	00.0
1. Entity Nan	MENT # L43081					Secretai	ry of St
8895 N. MIL STE 203-D	ie of Business ITARY TRAIL H GARDENS, FL 33410 US	Mailing Address 8895 N. MILITARY TRAIL STE 203-D PALM BEACH GARDENS, FL 33	3410 US				
DO NOT WRITE IN THIS SPACE				03112008 4. FEI Numb 65-016	No Cing-P	CR2E034 (11/	Applied For Not Applicable Additional
<u> </u>	6. Name and Address of Current Re	gistered Agent					, i
8895 N. M SUITE 203	LARRY A. ILITARY DR. 3-D ACH GARDENS, FL 33410				NOT WI	•	
	named entity submits this statement for t tions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	eth, in the State of Flo	rida. I am familiar v	vith, and accept
SIGNATURE.	Signature, typed or printed name of registered egent and	title if applicable. (NOTE: Registers	d Agent signature required	i when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	·		
10.	OFFICERS AND D	RECTORS		<u>'</u>			·
NAME STREET ADDRESS CITY-ST-ZIP	P GERSON, LARRY A. 8895 N MILITARY DR STE 203-D PALM BEACH GARDENS, FL 334	10	a i			0895845 -80084-012	150.00
NAME STREET ADDRESS CITY-ST-ZIP							٠.,
NAME STREET ADDRESS CITY-ST-2IP				DO	NOT W	RITE	,
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME NAME STREET ADDRESS CITY-ST-ZIP		1 () () () () () () () () () (1			
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. The lighter like empowered.							
SIGNAT		ITED NAME OF SIGNING OFFICER OR DIRECT	гоя	4	/11 0 B	Daytime Phor	e#