2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2007 08:00 AM Secretary of State

				-		4	C4-
1. Entity Nam	MENT # L54200 THE STATE AND THE STATE THE STATE				50	ecret	ary of Sta
2109 3RD A	ce of Business VENUE NORTH BURG, FL 33713	Mailing Address P.O. BOX 15136 ST PETERSBURG, FL 33733					
C	OO NOT WRITE	IN THIS SPA	CE	01192007 4. FEt Numbe 59-299	No Chg-P or 2597	CR2E0	34 (11/05) Applied For Not Applicable \$8.75 Additional
	6 Name and Address of Co.		 	5. Certificate	of Status Desired		Fee Required
6. Name and Address of Current Registered Agent O'DOM, JOHN C. 2109 3RD AVENUE NORTH ST PETERSBURG, FL 33713			DO NOT WRITE IN THIS SPACE				
the obligat	e named entity submits this statement for thi tions of registered agent	ne purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Flo	orida I am f	familiar with, and accept
SIGNATURE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	OFFICERS AND DI PD O'DOM, JOHN C. 2109 3RD AVENUE NORTH ST PETERSBURG, FL 33713	RECTORS			U00000)604 5 93	3
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					01/30/07-	-80002-	-011 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		_

12. I hereby certify that the information supplied with this lifting 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 other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY - ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

PRES

1-23-07 709.2696

Duytine Phone #