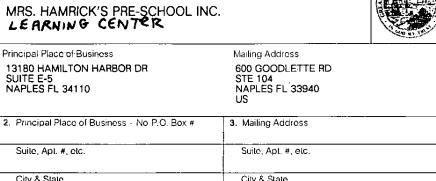
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # L61598

1. Entity Name





02-16-2007 90043 012 \*\*\*150.00



1st MOORE

CR2E034 (10/06)

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City & State		City & State		4. FEI Numbo	<sup>er</sup> 59-3009950	Applied For   Not Applicab	ole	
Zip	Country	Zip	Country	5. Certificate		8.75 Additional ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
( A A A A A A A A A A A A A A A A A A A				Name				
HAMRICK, IRENE 13180 HAMILTON HARBOR STE E5 NAPLES FL 33942				(0.0.0)				
			Stroet Add	Stroet 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 office or registered agent, or both, in the State of Florida. +am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed harne of registered agent and fille c applicable. (NOTL Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00								
After May 1, 2007 Fee Will Be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
Make Check Payable to Florida Department of State								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFICERS AND I	DIRECTORS IN 11		
Isitt	PVS	Delete	11111			Change Addition	on	
NAMÉ.	HAMRICK, IRENE		NAME					
STREET ADDRESS	13180 HAMILTON HARBOR DR	1E-5	SERIET ADDRESS					
COY ST-ZIP	NAPLES FL 34110		CHY SL ZIP					
TD4T		☐ Defete	URC			Change 🗀 Additio	on	
NAMI			NAMI				- 1	
STREELADDRESS			SHEELADDHESS					
CHY SI-7IP			CHY St 7IP					
Ittu		☐ Delele	001			Change Addition	on	
NAME			NAMI					
STREET ADDRESS CITY ST. ZIP			STREET ADDRESS CHY ST ZIP					
-							_	
DTLF Name		☐ Delele	TITII NAMI			Change Addition	ОЛ	
STREET ADDRESS			STRLET ADDRESS					
CITY ST ZIP			CHY SI 7IP					
MILE	-	□ Delete	11711			Change Addition	ion	
NAMI.		EL Datato	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY ST-ZIP			CHY SI 7IP					
THUE		☐ Delete	1010			☐ Change ☐ Addition	ion	
NAMI.			NAME			- —		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY+ST+7JP					
12. I hereby o	certify that the information supplied with	n this filing does not qualify f	or the exemptions co	entained in Section 119	Florida Statutes, I further certical as if made under eath; that I as	fy that the information	1	

2. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes, I flurther 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutos; 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

ter R. Samuel

THENER SHAMRICK

FEDRMARY 8, 2007

239-598 3036 Dayland Phone #