2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2007 08:00 A Secretary of State **DOCUMENT # L72510** SECURITY FEDERAL TRUSTEE CO. Principal Place of Business Mailing Address 727 1/2 EDGEWATER DRIVE 727 1/2 EDGEWATER DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804 04262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3155201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SIMONS, G. DO NOT WRITE 727 1/2 EDGEWATER DRIVE ORLANDO, FL 32804 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Replatered Agent signature regused when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000754335 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 05/22/07-80083-001 150.00 Trust Fund Contribution. Added to Fees 10. DPS MILE NAME SILVERS, JOE 533 WOODS LANE STREET ADDRESS CITY-ST-ZIP DE LEON SPRINGS, FL 32130 TITLE SMITH, RON NAME STREET ADDRESS 533 WOODS LANE CITY-ST-ZIP DE LEON SPRINGS, FL 32130 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	A 12th	4-11	-07	
	SIGNATURE AND TYPED OR PRINTED HAME OF BIGHING OF		Date	Daytme Phone 6