


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # M97652 1. Entry Name 9544 CORPORATION	
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Principal Place of Business 9585 HARDING AVE SURFSIDE, FL 33154	Mailing Address 9585 HARDING AVE SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0083003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACKAR, SHARLANE K.
9585 HARDING AVE
SURFSIDE, FL 33154

**DO NOT WRITE
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 Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

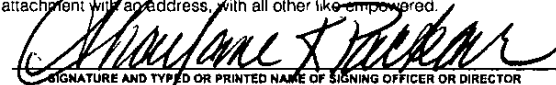
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACKAR, SHARLANE K 9585 HARDING AVE SURFSIDE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROAD, JUDITH K 9585 HARDING AVE SURFSIDE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPPEL, JAMES 9585 HARDING AVE SURFSIDE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, SALLY 4855 PINETREE DR MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80074-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:  **1-4-07** **305-866-2423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #