2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| ANNUAL REPORT | | | | | Jan 26, 2007 08:0 | | | |
|--|--|--|-----------------------------------|--------------|--|-----------------------|-------------------------------|--|
| 1. Entity Nam | MENT # N37675 THEM CENTRE, INC. | | | | S | Secreta | ary of St | |
| Principal Plac 10895 HAM LARGO, FL | | Mailing Address 10895 HAMLIN BLVD. LARGO, FL 33774 | | | 13 11 10 11 11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 | #140 A) PH A) PH 4(4) | I AIRH BRAITH I I (II) | |
| | A NOT WOITE | priz gam | 01052007 No Chg-NP CR2E037 (4/06) | | | | | |
| | OO NOT WRITE | IN THIS STA | UE | 4. FEI Numbe | er 4076 | | Applied For | |
| | | | | 59-301 | | □ \$8.7 | Not Applicable 75 Additional | |
| | 8. Name and Address of Current Re | | | 5. Cermicare | of Status Desired | | Required | |
| MEYER, ROLAND 14275 SIESTA DRIVE LARGO, FL 33774 8. The above named entity submits this statement for the purpose of changing its registere | | | | IN T | NOT WI | ACE | | |
| the obligation | ntions of registered agent | <u> </u> | ncing \$5 | | /~/ | 7 · 2 | · | |
| 10. | OFFICERS AND D | IRECTORS | | - J | 017.507.01 | <u> </u> | nin br•52 | |
| TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE | DVP BASKIN, JOYCE 703 COURT STREET CLEARWATER, FL 33755 | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MEYER, ROLAND 14275 SIESTA DR. LARGO, FL 33774 T | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | SIGNORINI, ROZANNE 10895 HAMLIN BLVD LARGO, FL 33774 | | | | NOT W | • | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MARCHAND, THOMAS 13272 88TH AVE SEMINOLE, FL 33776 | | | IN. | THIS SP | AUE | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D MULDOON, BRENDAN MSGR 10895 HAMLIN BLVD LARGO, FL 33774 | | | | | | | |
| NAME STREET ADDRESS | | | | | | | | |

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 you 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with air addirect.

SIGNATURE:

CITY-ST-ZIP

JOHN JOLAND H. MEGE

1 -)7 - 200 Daylime Phone •