-2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 25, 2007 08:00 A Secretary of State

813-684-6355

Daytime Phone #

DOCU 1. Entity Nam MARLOIS		311			Secretary of Sta
Principal Plac 11306 J ANI RIVERVIEW,		Mailing Address 11306 J AND B DRIVE RIVERVIEW, FL 33569		 	ENIK BAHI COK BAHA NOTA IKU ALDI NUMBI K 1800
	O NOT WRITE	IN THIS SPA	(CE	04182007 No Chg- 4. FEI Number 59-3617938	P CR2E034 (11/05) Applied For Not Applicable
	6. Name and Address of Current Re	egistered Agent	100 (\$4. \$0.1)	5. Certificate of Status Des	CQ 75 Additional
	VA LOIS ND B DRIVE W, FL 33569			DO NOT	1 1115
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and	Bulls or			o of Florida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND D			.00 May Be ed to Fees	0.00 s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTTS, EVA LOIS 11306 J AND B DRIVE RIVERVIEW, FL 33569				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				05/09/	000732880 07-80062-016 150.00
NAME STREET ADDRESS CITY-ST-ZIP			The state of the s	DO NOT	WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					