2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 18, 2007 08:00 AM Secretary of State **DOCUMENT # P00000031712** URSULA SAIPT-CARRANO, P.A. Mailing Address Principal Place of Business 9222 SUNNYOAK DR. 9222 SUNNYOAK DR. RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3667814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAIPT-CARRANO, URSULA DO NOT WRITE 9222 SUNNYOAK DR. RIVERVIEW, FL 33569 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SAIPT-CARRANO, URSULA NAME 9222 SUNNYOAK DR. STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 pr 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 attact ment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D OR PHILITED NAME OF SIGNING OFFICER OR DIRECTOR