## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Size   Country   Zip   Country   Size   Country   Size   Status Dosired   \$8.75 Addrting   \$8.75 Addrting	tate
Principal Place of Businoss 41 SW 5TH ST OANIA FL 33004  2. Principal Place of Businoss Sullo, Apt. #, olc.  2. Principal Place of Businoss Sullo, Apt. #, olc.  3. Mailing Addross Sullo, Apt. #, olc.  4. FEI Number 65-1017734  [Applied Control Place of Business - No P.O Box # 3. Mailing Addross Sullo, Apt. #, olc.  5. Sullo, Apt. #, olc.  1st MOORE CR2E034 (10/06)  1st MOORE CR2E034 (10/06)  1st MOORE CR2E034 (10/06)  2st Fine Place and Addross of Current Registered Agant  7. Name and Addross of New Registered Agant  MCCOMBS, TERRELL E 41 SW 5TH STREET DANIA BEACH FL 33004  City Substance of registered agent, or both, in the State of Florida. *1 am hamilten with, and the control place of agent of the purpose of changing its registered agent, or both, in the State of Florida. *1 am hamilten with, and the control place of agent of the purpose of changing its registered agent, or both, in the State of Florida. *1 am hamilten with, and the control place of agent of the purpose of changing its registered agent or registered agent, or both, in the State of Florida. *1 am hamilten with, and the control place of agent of the purpose of changing its registered agent or registered agent, or both, in the State of Florida. *1 am hamilten with, and the control place of agent of the purpose of changing its registered agent or registered agent or both, in the State of Florida. *1 am hamilten with, and the control place of agent of the purpose of changing its registered agent or registered agent or both, in the State of Florida. *1 am hamilten with, and the control place of agent or projected agent or both, in the State of Florida. *1 am hamilten with, and the control place of Florida benefit of the purpose of changing its registered agent or registered agent or both, in the State of Florida. *1 am hamilten with, and the change of Place of Registered Agent or registered agent or registered agent or both in the State of Florida benefit or the purpose of changing its registered agent or registered agent or both in the State of F	od For opticable
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City & Stato  Country  Count	oplicable
Zip Country Zip Country 5. Conflictor of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  MCCOMBS, TERRELL E 41 SW 5TH STREET DANIA BEACH FL 33004  8. The above named entity, subprits this statement for the quirpose of changing its registered diffice or registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and familiar with, and familiar with, and familiar with, and the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and	oplicable
8. Name and Address of Current Registered Agent  **RecOMBS**, TERRELLE** 41 SW 5TH STREET  **DANIA BEACH FL 33004**  **City**	nal
MCCOMBS, TERRELL E 41 SW 5TH STREET DANIA BEACH FL 33004    City   FL   Zip Code	
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DANIA BEACH FL 33004  City  FL  Zip Code  8. The above named onlink submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and rider capticable.    Signature	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent agent and the reputative required when remetative)    Signature	
8. The above named entits submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and the obligations of rogistated agent.  Signature.  Signature.  FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  MAME  SIRET ADDRESS  CITY-SI-ZIP  DANIA FL 33004  THE  MCCOMBS, TERRELL  41 SW 5TH STREET  DANIA FL 33004  Delete  MCCOMBS, TERRELLE  41 SW 5TH STREET  DANIA FL 33004  Delete  MAME  SIRET ADDRESS  CITY-SI-ZIP  DANIA BEACH FL 33004  Delete  MAME  MCCOMBS, TERRELLE  41 SW 5TH STREET  DANIA BEACH FL 33004  Delete  MAME  SIRET ADDRESS  CITY-SI-ZIP  DANIA BEACH FL 33004  Delete  MAME  MAME  Delete  MAME  Delete  MAME  Delete  MAME  MAME  Delete  MAME  Delete  MAME  MAME  Delete  MAME  DELETORS IN  Change  Chang	
SIGNATURE    Squaruse, Most or printed name of registared agent and tride in applicable.   (NOTE: Registered Agent signature required when remotating)   DATE	accept
After May 1, 2007 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  MCCOMBS, TERRELL  41 SW 5TH STREET  DANIA FL 33004  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  SIRET ADDRESS CITY-SI-ZIP  DANIA FL 33004  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  SIRET ADDRESS CITY-SI-ZIP  DANIA FL 33004  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  SIRET ADDRESS CITY-SI-ZIP  THE  NAME  SIRET ADDRESS CITY-SI-ZIP  DANIA BEACH FL 33004  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIRE  Change Chan	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of the corporation or the receiver or there empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or B if changed, or on an attachment with an address with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Description 119, Florida Statutes. I further certify that the information in the correction of the exemptions contained in Section 119, Florida Statutes. I further certify that the information in the correction of the corporation or the receiver for the properties of the corporation of the corporation or the receiver for the properties of the corporation or the receiver for the properties of the corporation or the receiver for the properties of the corporation or the receiver for the properties of the corporation or the receiver for the properties of the corporation or the receiver for the properties of the corporation or the receiver for the corporation or the corporation or the receiver for the corporation or t	nation irector