## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 14, 2007 8:00 am Secretary of State DOCUMENT # P00000074155 03-14-2007 90033 041 \*\*\*150.00 FROMANG & FROMANG, P.A. Principal Place of Business Mailing Address 4000000 28 W CENTRAL BLVD STE 310 28 W CENTRAL BLVD STE 310 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 150 N. Orange Av Suite, Apt. #. etc. Suite 414 <u>150 N. Orange Av</u> 02052007 CR2E034 (12/06) <u>Suite 414</u> Orlando, 4. FEI Number Applied For Orlando 59-3608499 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FROMANG, MARK A Street Address (P.O. Box Number is Not Acceptable) 28 W CENTRAL BLVD STE 310 ORLANDO, FL 32801 Zip Code 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 posted game of registered agent and title if applicable (NOTE Regustered Agent grandsture required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition FROMANG, MARK A NAME NAME 28 W CENTRAL BLVD, STE 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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. Maul & From my SIGNATURE:

Daytime Phone #