2008-08:00 AM

| ANNUAL REPORT                  |   |  |                                       | Secretary of Sta   |  |  |
|--------------------------------|---|--|---------------------------------------|--|--|--|
| 1. Entity Nan                  | MENT # P000000871   | 06   |                                       | The first of the second of the | A STATE OF THE STA |  |
| •                              |   |  | CONT.                                 |  | ·*y **   |  |
| 880 DELANI                     | ce of Business D AVENUE TY, FL 32763                        | Mailing Address  880 DELAND AVENUE  ORANGE CITY, FL 32763  | . ,                                   | ,  |  |  |
|                                | •   |  |                                       | <br>   | 15 1841   1181   4816 BANGO   11 1861  |  |
|                                |   |  | n e                                   |  |  |  |
|                                | Commence of the commence of the commence of                 | , v.   |                                       | 01222008 No Chg-P CR2  | E034 (11/05)   |  |
| , [                            | OO NOT WRITE  | IN THIS SPA  | CE                                    | 4. FEI Number  | Applied For  |  |
|                                |   |  |                                       | 59-3673679   | Not Applicable \$8.75 Additional   |  |
|                                |   |  | are Lagran                            | 5. Certificate of Status Desired   | Fee Required   |  |
| <del> </del>                   | 6. Name and Address of Current Re                           | gistered Agent   |                                       |  |  |  |
| MACK, JC<br>880 DELA<br>ORANGE | ND AVE<br>CITY, FL⊮32763 (1005.68, 1000 mm)                 | and the second of the second o |                                       | DO NOT WRIT  |  |  |
| ****                           | TOTAL STATE SATE OF   |  |                                       |  |  |  |
| 9 The shows                    | a amad arrity submits this statement for the                | no purpose of changing its register.   | ad office or register                 | ed agent, or both, in the State of Florida. Ta   | em familiar with, and accent   |  |
|                                | tions of registered agent.                                  | e purpose or changing its registers  | ad diffice of register                | ed agent, or both, in the state of horida.   | anniamina with, and accept   |  |
| SIGNATURE.                     | · · · · · · · · · · · · · · · · · · ·                       |  |                                       | ,  |  |  |
|                                | Signature, typed or printed name of registered agent and    | title if applicable (NOTE Registered   | d Agent signature required            | (when reinstating) DAT   | <u> </u>   |  |
| FIL<br>After M                 | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00 |  |                                       | .00 May Be<br>ed to Fees   |  |  |
| 10                             | PSTD OFFICERS AND DI  | RECTORS  |                                       |  | •  |  |
| TITLE<br>NAME                  | MACK, JOHN F  | •  |                                       |  |  |  |
| STREET ADDRESS                 | 880 DELAND AVENUE   | į  |                                       |  |  |  |
| CITY-ST-ZIP, E.                | 1   |  |                                       | <ul> <li>164 2 * Hononory</li> </ul>   | ıĖ.  |  |
| TITLE LA                       | O A.  | ;  |                                       | 15 - 04/09/08-80124  |  |  |
| STREET ADDRESS                 | a 7   |  |                                       |  | N sa<br>A sa   |  |
| CITY-ST-ZIP                    | <u> </u>  | 23.44  | in the second                         |  |  |  |
| TITLE<br>NAME                  |   |  |                                       |  | *  |  |
| STREET ADDRESS                 |   |  | tani, .                               | DO NOT WOLL  |  |  |
| CITY-SI-ZIP                    | •   | ,  |                                       | DO NOT WRIT  |  |  |
| TITLE                          |   |  |                                       | IN THIS SPAC   | E .  |  |
| NAME<br>STREET ADDRESS         |   |  |                                       |  |  |  |
| CITY-ST-ZIP                    | ,   | •  |                                       | The state of the s | Ar to see  |  |
| TITLE                          |   |  | , , , , , , , , , , , , , , , , , , , |  | in the tight   |  |
| NAME                           |   |  |                                       |  |  |  |
| STREET ADDRESS CITY-ST-ZIP     |   | •  | A switch market                       | with the second second   |  |  |

12. I hereby ceruly 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 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.

SIGNATURE:

| 12. I hereby ceruly 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 supplied and 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.

SIGNATURE:

| 12. I hereby ceruly that the information contained in Chapter 119, Florida Statutes. I further certify that the information in the receiver of the ceruly that the information in the receiver of the ceruly that the information in the receiver of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly that I am an officer or director of the ceruly tha

765 - CE 2 175

TITLE NAME STREET ADDRESS