2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business 16113 & SECRETARIAT DR 1613 & SECRETARIAT DR 1614 & SECRETARIAT DR 1615 & SECRETARIAT DR 1615 & SECRETARIAT DR 1614 & SECRETARIAT DR 1613 & SECRETARIAT DR 1614 & SECRETARIAT DR 1614 & SECRETARIAT DR 1615 & SECRETARIAT DR 1615 & SECRETARIAT DR 1616 & STAPP & WILL DRIVER AND DIRECTORS 1616 & STAPP & WILL DRIVER AND DIRECTORS 1617 & SECRETARIAT DR	Principal Place of Business 16113 E SECRETARIAT DR 10XAHATCHEE, FL 33471 DO NOT WRITE IN THIS SPACE The Albora named antity submits this statement for the purpose of changing its registered office or registered agent. The Object or principal place or principal place or registered agent.	DOCUI	MENT # P000000913		Secretary of Sta			
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S. Name and Address of Current Registered Agent WITTENBRINK, KENNETH R 16.113 E SECRETARIAT DR LOXAHATCHEE, FL 33471 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICER AND DIRECTORS 10. OAAHATCHEE, FL 33471 10. DE U000000661899 10. OAAHATCHEE, FL 33471 10. DE U000000661899 10. OAAHATCHEE, FL 33471	6. Name and Address of Current Registered Agent WITTENBRINK, KENNETH R 16113 E SECRETARIAT DR LOXAHATCHEE, FL 33471 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 SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10		O NOT WRITE	IN THIS SPA	CE			
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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 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:

CITY-ST-ZIP

EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-*0*7

56/ 798-6717 Davime Phone #