2007 FOR PROFIT CORPORATION

SIGNATURE: _

2007 FOR PROFIT CORPORATION ` ANNUAL REPORT			FILED	
1. Entity Nam	MENT # P00000100313	NT # P00000100313 Nay 03, 200 / 08:00 All Secretary of State		
	The of Business Mailing Address A CLARA BLVD FT PIERCE, FL 34951			
DO NOT WRITE IN THIS SPACE			04302007 No Chg-P CR2E034 (11/05) 4. FEI Number	
6. Name and Address of Current Registered Agent MARTIN, WILLIAM R 7105 SANTA CLARA BLVD FT PIERCE, FL 34951			DO NOT WRITE 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, typod or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remisballing) PILE NOWILL FEE IS \$150.00 After: May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				
TITLE NAME, STREET ADDRESS' CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAM R 7105 SANTA CLARA BLVD FT PIERCE, FL 34951		U00000759509 05/24/07-80044-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	certify that the information supplied with this filling does not qualify for the conthis report or supplemental report is true and accurate and that my sign		anna talant affant an it ann da condar anthe that I am an afficar ar director. I	
of the corporation or the reserver or tustee 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.				

4-30-07 772-468-461/ Date Dayline Phone #