FILED Mar 27, 2007 8:00 am Secretary of State 03-15-2007 90028 043 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000103617 1. Entry pairs 1. En	ANNUAL N	EFURI		-
DO NOT WRITE IN THIS SPACE Original Trial Desiration Desiration	1. Entity Name	7		
DO NOT WRITE IN THIS SPACE 4. Fel Number 59-3648788	1216 ENGLISH LANE	PO BOX 760		66006815
ELLENBURG, LISA 1136 ENGLISH LANE WESTVILLE, FL 32464 B. The tabora names with yell-shall 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 access the obligations of logistered agent. SIGNATURE SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS Trust Fund Contribution. 11. PATCHER, RAYMOND HATCHER, RAYMOND HATCHER, RAYMOND HATCHER, SHERRY SIBEST MORES CITY-51-7P TITLE MAKE SIFET MORES CITY-51-7P TITLE MAKE SIFET MORES CITY-51-7P TITLE NAME SIFET MORES CITY-51-7P TITLE NAME	DO NOT WRITE I	N THIS SPA	CE	01092007 No Chg-P CR2E034 (11/05) 4. FEI Number Applie 59-3648788 Not Applie 5. Cortificate of Status Desired S8.75 Addition
the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 P. Election Campaign Financing S5.00 May Bo Added to Face	ELLENBURG, LISA 1136 ENGLISH LANE	stored Agent		
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Face 10. OFFICERS AND DIRECTORS ITTLE PHATCHER, RAYMOND 1216 ENGLISH LANE WESTVILLE, FL 32464 ITTLE WANE SIRET ADDRESS CITY-S1-2P TITLE WASTVILLE, FL 32464 TITLE WASTV	the obligations of registered agent. SIGNATURE		_	
ITTLE NAME CITY-SI-7P WESTVILLE, FL 32464 TITLE ST MANNE SIRRET ADDRESS CITY-SI-7P TITLE NAME SIRRET ADDRESS SIRRET ADDRESS CITY-SI-7P TITLE NAME SIRRET ADDRESS CITY-SI-7P TITLE NAME SIRRET ADDRESS SIRRET ADDRESS CITY-SI-7P TITLE NAME SIRRET ADDRESS SIRRET ADDRESS CITY-SI-7P TITLE NAME SIRRET ADDRESS SIRRET				
12. I hereby certify that the information supplied with this filling 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 faceiver 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 changed, or on an attachment water and direction of the file empowered.	TITLE P NAME STREET ADDRESS CITY-S1-ZIP WESTVILLE, FL 32484 TITLE ST NAME STREET ADDRESS CITY-S1-ZIP WESTVILLE, FL 32464 TITLE ST NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	CTORS		
	12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with	ifiling does not qualify for the e- e and accurate and that my sign- ed to execute this report as requ all other life empowered.	kemptions containe ature shall have the uired by Chapter 60	ned in Chapter 119. Florida Statutes. I further certify that the infor the same legal effect as if made under oath; that I am an officer or c 507, Florida Statutes; and that my name appears in Block 10 or Blo