## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 08:00 A Secretary of State

	ANNUAL		Secretary of St				
1. Entity Nam	MENT # P000001111 awn, inc.	758				Secr	etary of St
Principal Place 9280 COLLEC FT. MYERS, F	GE PKWY, #3	Mailing Address 9280 COLLEGE PKWY, #3 FT. MYERS, FL 33919			1		II IRAO OO UU
D	O NOT WRITE	CE	04252007 No Chg-P CR2E034 (11/05)  4. FEI Number				
2800 PLAC	6. Name and Address of Current R CKEL, DEAN CIDA RD., #110 DOD, FL 34224		-	NOT W THIS SP			
the obligati	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Registero	nd Agent signature required	d when reinstating)	oth, in the State of Flo	rida. I am I	amiliar with, and accept
FILE NOWIII FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND D LOVE, DAWN W 4283-A ISLAND CIRCLE FORT MYERS, FL 33919	IRECTURS			00 05/15 NOT W THIS SF	RITE	3093-014 150.βα <b>Ξ</b>
CITY-ST-ZIP  TITLE  NAME  CYNGET ADDRESS		•					

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 repetite 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

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07 Date

Daytime Phone #