2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000118054

FILED May 02, 2007 Secretary of State

Current Principal Place of Business:		New Princip	New Principal Place of Business:			
27029 CORAL SPRINGS DR WESLEY CHAPEL, FL 33543			8875 HIDDEN RIVER PKWY			
		550 TAMPA, FL	33637 US			
Current Mailing Address:			New Mailing	New Mailing Address:		
	RAL SPRINGS CHAPEL, FL 3		P.O. BOX 48 48913 TAMPA, FL			
FEI Number:	: 65-1057578	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired (X)		
Name and	Address of C	Current Registered Agent:	Name and A	Address of New Registered Agent:		
27029 COI), MAURICE RAL SPRINGS CHAPEL, FL 3					
The above	1 10					
in the State	e of Florida.	submits this statement for the pur	pose of changing its	registered office or registered agent, or both,		
in the State	e of Florida. RE:	*				
in the State	e of Florida. RE:	submits this statement for the pur		registered office or registered agent, or both, Date		
in the State SIGNATUF In accordan	e of Florida. RE: Electror ce with s. 607.19	*	t	Date		
in the State SIGNATUF In accordan Election Car	e of Florida. RE: Electror ce with s. 607.19	nic Signature of Registered Agent 3(2)(b), F.S., the corporation did not r g Trust Fund Contribution ().	t eceive the prior notice.	Date		
in the State SIGNATUF In accordan Election Car	e of Florida. RE: Electror ce with s. 607.19 mpaign Financin S AND DIREC D LORENZO, MA 27029 CORAL	nic Signature of Registered Agent (3(2)(b), F.S., the corporation did not r g Trust Fund Contribution (). (TORS:) Delete URICE	t Peceive the prior notice. ADDITIONS Title: Name: Address:	Date		
in the State SIGNATUF In accordant Election Car OFFICERS Title: Name: Address:	Electron Ce with s. 607.19 mpaign Financin S AND DIREC D (LORENZO, MA 27029 CORAL WESLEY CHAI	nic Signature of Registered Agent (3(2)(b), F.S., the corporation did not r g Trust Fund Contribution (). (TORS:) Delete URICE SPRINGS DR PEL, FL 33543) Delete (3) (Y ISLE DR.	t ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECTORS P (X) Change () Addition LORENZO, MAURICE P.O. BOX 48913		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE LORENZO Ρ 05/02/2007