## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

407-792-8342

Daylime Phone #

ANNUAL REPURI				Secrétary of St			
1. Entity Name	MENT # P01000090 ods corp.	70				Secre	tary or Si
Principal Place 750 W LAKE M SANFORD, FL	MARY BLVD	Mailing Address 750 W LAKE MARY BLVD SANFORD, FL 32773		 	<b>n</b> aini 11 <b>8</b> 7 <b>18</b> 111 <b>18</b> 711 <b>18</b>	1/ <b>88</b> /1/ <b>88</b> /1 <b>8</b> /8/1/	CHII 1983 1880) II INT
D	O NOT WRITE		CE	03052007  4. FEI Number 27-000		CR2E034	
<del></del>	6. Name and Address of Current Re	gistered Agent				•	-
GARDEN, FELIX 750 W LAKE MARY BLVD SANFORD, FL 32773				DO	<b>NOT W</b>	RITE	
			IN THIS SPACE				
				•••		,,,,	-
8. The above	named entity submits this statement for the	ne purpose of changing its register	red office or registe	red agent, or bo	th, in the State of FI	orida. I am far	niliar with, and accept
the obligation	ons of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and	title if apolicable. (NOTE: Register	ed Agent signature require	id when reinstating)		DATE	
FILE After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		.00 May Be ded to Fees			
10	OFFICERS AND D	RECTORS			<u></u>		
NAME STREET ADDRESS CNY-ST-ZIP	PD GARDEN, FELIX 750 W LAKE MARY BLVD SANFORD, FL 32773						
TITLE		<u> </u>	1				
NAME STREET ADDRESS					U0( 	)0006632 407-8004	235 16-004 150.00
CITY-ST-ZIP			4		00/ 61/	J. 000°	,5 551 155.50
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_