2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 08:00 A Secretary of State

ANNUAL REPORT				,	¹ x p	02, 2000	P C1 4
1. Entity Nam	MENT # P010000114	171 in his				Secretary of	St
Principal Plac 12932 MARI ORLANDO, F	IBOU CIR	Mailing Address 12932 MARIBOU CIR ORLANDO, FL 32828			\$ 11(1) 185 18(1) 185(1 18) 15/10/8015 10/1/6101/1010 10/101/10	i II .
D	OO NOT WRITE	CE	03242008 No Chg-P CR2E034 (11/05) 4. FEI Number				
	6. Name and Address of Current Re	gistered Agent	-				
ORLANDO	RIBOU CIR D, FL 32828	DO NOT WRITE IN THIS SPACE					
8. The above the obligat	named entity submits this statement for thickness of registered agent.	ne purpose of changing its register	red office or register	ed agent, or bo	th, in the State of Fl	orida. I am familiar with, and ac	cept
SIGNATURE.							
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Register)	ed Agent signature required	(when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GROSS, MARK 12932 MARIBOU CIR ORLANDO, FL 32828				U00001 04/18/08)886923 -80077-023 150.0	0
NAME STREET ADDRESS CITY-ST-ZIP		-					
NAME SIREET ADDRESS CITY-SI-ZIP	,			DO	NOT W	RITE	
HITLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP						,	

12. Thereby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4027368654

Daytime Phone #