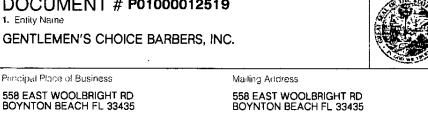
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000012519



FILED Mar 06, 2008 08:00 AN Secretary of State

558 EAST WOOLBRIGHT RD **BOYNTON BEACH FL 33435** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-1074128 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINLEY, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 558 EAST WOOLBRIGHT RD **BOYNTON BEACH FL 33435** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with land accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the Tierphospie (NOTE: Registered Agent eignoturn required when ruinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of States: っぱく めんせい () *** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11 TITLE TITLE Delete ☐ Chappe NAME FINLEY, ROBERT EL NAME 558 EAST WOOLBRIGHT RD STREET ADDRESS STREET ADDRESS CITY ST-ZIP **BOYNTON BEACH FL 33435** CITY+ST-ZIP U000000849870 Derete TITLE 03/21/08-80038-009 158. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HALE ☐ Derete IIII F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: OFFICER OR DIRECTOR