2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 19, 2007 8:00 am DOCUMENT # P01000035149 **Secretary of State** B.A. HILL, P.A. 03-01-2007 90018 041 \*\*\*150.00 Principal Place of Business Mailing Address 5894 SW 103RD ST. 5401 N. UNIVERSITY DRIVE OCALA FL 34476 SUITE 204 CORAL SPRINGS, FL 33067 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1089468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUBROW, ALIAN DO NOT WRITE 5401 N. UNIVERSITY DRIVE SUITE 204 IN THIS SPACE CORAL SPRINGS, FL 33067 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, and accept the obligations of registered agent. SIGNATURE. (NÓTE: Peciet FILE NOWIII FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS MLE MAME HILL BARBARA 5894 SW 103RD ST. STREET ADDRESS OCALA, FL 34476 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filting 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. Barbara Hell

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