## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

| ANNUAL REPORT  |   |   |                                 | Secretary of St                                  |   |
|--|---|---|---------------------------------|--|---|
| 1. Entity Nam  | MENT # P010000486<br>AN BART PA                                       | 325   |                                 | Secretary of                                     |   |
| Principal Place<br>14317 MAYN<br>ORLANDO, FL   | OUNT CT   | Mailing Address<br>14317 MAYMOUNT CT<br>ORLANDO, FL 32837 |                                 | ]<br>  | II BODA WAN BUNI BODI BANI BANI BAN ANDO KOMB ONIB MBAL BIMBAS I KABI |
| DO NOT WRITE IN THIS SPAC  |   |   | CE                              | 04262007 No Chg-P CR2E034 (11/05)  4. FEI Number |   |
| 6. Name and Address of Current Registered Agent VAN BART, NEIL A 14317 MAYMOUNT CT ORLANDO, FL 32837   |   |   | DO NOT WRITE<br>IN THIS SPACE   |  |   |
| 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  Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE |   |   |                                 |  |   |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.  |   |   | Cing \$5.00 May Be U00000748273 |  |   |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND D P VAN BART, NEIL A 14317 MAYMOUNT CT ORLANDO, FL 32837 | RECTORS   |                                 |  | NOT WRITE<br>THIS SPACE   |
| TITLE  |   |   |                                 |  |   |

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 cath, 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 empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

407 -436 -9900 Daytime Phone #