2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of St			
DOCU	MENT # PO		<u>\</u>		Secrei	tary of St		
	OSS LITTMAN, F	² .A.						
Principal Plac	ce of Business		Mailing Address	<u> </u>				
1801 LEE R	OAD		1801 LEE ROAD					
SUITE 320	RK, FL 32789		SUITE 320 WINTER PARK, FL 32789					
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					5. Certifical	te of Status Desired		Required
	6. Name and Addre	ss of Current Re	gistered Agent				,	•
LITTMAN,					DO	NOT W	RITE	
1621 INDIAN DANCE CT MAITLAND, FL 32751								
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			7 1/1					i
	named entity submits the	nis statement for the	e purpose of manging its regi	stered office or registe	ered agent, or b	ooth, in the State of Fig	orida. I am fami	liar with, and accept
the obligat	lions of registered agent	MANA	MM.			IAN 1 5	2008	11, 44
SIGNATURE.	Signature, typed or printed name	of registered agent and	itte if applicable (NOTE, Reg	istered Agent signature require	ed when reinstating)	JANN 4, T.	DATE	The state of the s
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12. I hereby certify that the information supplied with this filing does not qualify by 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OF DIRECTO

Date Daytime Prone