2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 25, 2007 08:00 A

Daytime Phone #

DOCUMENT # P01000072629 1. Entity Name DIANE SIMPSON CPA, P.A.			Secretary of S			
Principal Plac		Mailing Address				
8644 NW 29 Coral Sprii	NGS, FL 33065	8644 NW 29TH DRIVE Coral Springs, FL 33065				
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		e to the transfer of the season		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				And the second of the second o		
SIMPSON, DIANE 8644 NW. 29 DR. CORAL SPRINGS, FL 33065				DO NOT WR	ITE	
0010201	TAITOO, 1 E 00000			IN THIS SPA		
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 Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered event 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 Financing Trust Fund Contribution. \$5.00				00 May Be ed to Fees		
10.	OFFICERS AND D	RECTORS		ित्ते हरिष्टियों कर्युंक्ष्य जिस्के हैं जा कराह करा कर्य सेवारिक विसेष्ट्री कर्युंक्ष करीक्ष्यकार होता है		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR