2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000079074



Apr 23, 2007 8:00 am Secretary of State

FILED

Principal Place of Business
29 SECRET COVE CT. AMELIA ISLAND, FL 32034 2. Principal Place of Business - No P.O. Box # 3. Malfing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country St. Certificate of Status Desired
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City & State Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required 8. Name and Address of Current Registered Agent Name LECKIE, R LINDSAY 29 SECRET COVE CT. AMELIA ISLAND, FL 32034 City FL Zip Code 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 privided rame of registered agent and title if applicable. (MOTE Registered Agent signature recovered when remissiong) After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Delete TITLE PD Delete TITLE LECKIE, R LINDSAY 29 SECRET COVE CT. Addition Addition STREET ADDRESS PD Change Addition Addition STREET ADDRESS PAGENTAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE LECKIE, R LINDSAY STREET ADDRESS PAGENTAL ADDRESS PAGENT COVE CT. STREET ADDRESS PAGENT COVE CT. Applicable Ton Not Acceptable) Applicable Ton Not Acceptable Applicable Ton Not Acceptable And Addition Applicable Ton Not Acceptable Applicable Ton Not Acceptable Ton Not Acceptable Applicable Ton Not Acceptable Applicable Ton Not Acceptable Applicable Ton Not Acceptable Appl
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6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 algunature required when remistating) DATE FILE NOWIL! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE NAME LECKIE, R LINDSAY STREET ADDRESS STREET ADDRESS STREET ADDRESS
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12. I hereby certify that the information supplied with this filling 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OF DIRECTOR

Date

Date

Detail Director of the certify that the information information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that I am an officer or director of the corporation of the corpora