## 2007 FOR PROFIT CORPORATION

## **FILED** Mar 16. 2007 08:00 A te

ANNUAL REPORT					Wiar 10, 2007 00:00			
1. Entity Nam		010000940 INC.	)55			S	ecretar	y of Star
Principal Plac 120 43RD A VERO BEACH	•	-	Mailing Address 120 43RD AVENUE VERO BEACH, FL 32968-238	4				. : <u></u> -
	O NOT	IA/EDETET	INI TIHE COA	OE.	01042007	No Chg-P	CR2E034 (11	
	O NOI	WRITE	IN THIS SPA	CE	4. FEI Number 65-11385 5. Certificate of		\$8.75 Fee Re	Applied For Not Applicable 5 Additional equired
	6. Name and A	ddress of Current Re	gistered Agent			in the state of th		
120 43RD	RGAST, RICHAF	RDL			NOT W		The same which is a second of the sa	
			he purpose of changing its registe	red office or registe			· · · · · · · · · · · · · · · · · · ·	with, and accept
the obligat	ions of registered as	gent,	f title if applicable (NOTE, Register	ed Agent signature require	d when reinstaling)	* · · · · · · · · · · · · · · · · · · ·	DATE	
After M	E NOW!!! FEE ay 1, 2007 Fee	will be \$550.00	·		.00 May Be led to Fees			4
10.	T	OFFICERS AND D	RECTORS			The same of the sa	11.	The second secon
NAME STREET ADDRESS CITY-ST-ZIP	D TRIPSON, ROB 120 43RD AVEN VERO BEACH,	NE .		1000 (1000)   西部				
NAME STREET ADDRESS CITY-ST-ZIP		,	· · · · · ·			)1000 03/27/0	00668949 17-80052-(	)05 15 <b>0.0</b> 0
TITLE NAME STREET ADDRESS GITY-ST-ZIP				No. of Party - Client Page -	DO I	W TOV	RITE	50 <u>(198<b>86)</b> 18</u> 18 18 18 18 18 18 18 18 18 18 18 18 18
TITLE NAME STREET ADDRESS GRY-ST-ZIP		<del></del>	<del> </del>			HIS SP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS						e e e e e e e e e e e e e e e e e e e		

12. Thereby 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 his 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: SIGNATURE AND TYPED OF PROTED NAME OF SIGNING OFFICER OR DIRECTOR