FOR PROFIT CORPORATION **ANNUAL REPORT**

For Office Use Only DO NOT WRITE IN THIS SPACE FILED

11 MAY 12 PM L: 32

DOCUMENT # PO1000100577

DO NOT WRITE IN THIS SPACE 2. Principal Planey Business - No 5 0 Box 8 2. Principal Planey Business - No 5 0 Box 8 2. Principal Planey Business - No 5 0 Box 8 3. Mailing Address Black Suite, Apt 8 - 80. Cry 2 Business And 2 33 Beach Cry 3 Business And 2 33 Anglines For National Plane Black Business And 2 33 Beach Cry 3 Business And 2 33 Beach Cry 3 Business And 2 33 Beach Cry 3 Business And 2 33 Beach Cry 4 Business And 2 33 Beach Cry 4 Business And 2 33 Beach Cry 5 Business And 2 33 Bu	C >					***	
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business - No BO Box 8	27×	CABLES AT THE	PENTWOULA	TNEST		JAUNE :: TALLAHA	GRE CE STATE
Sine Api 8 (93) Beach Suite, Api 8 etc. City 5 States Suite Api 8 etc. Secretificate of Status Desired Appears Status Statu	D	O NOT WRITE	IN THIS SPA	CE		** * * * * * * * * * * * * * * * * * *	VSUL CEURIDA
Suite, Api & 603 City & State	2. Principal Place	· ~ / ~		-b Blut	,		
Section State Section State Section State Section State Section State Section Sect	Suite, Apt. #	tion of		<i>,,, ,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CR2E034B (1	/11)
T. Name and Address of Current Registered Agent Name City	City & State	foort	City & State Gulfac	vet .	4. FEI Numb	9-37513	
T. Name and Address of Current Registered Agent Name Street Address (P.Q. Dax Number in July Acceptable)	zip 3 7 7 6	07 Country	Zip 33707 Co	unter SI	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
B. The above named entity subfigs this systems for the life specime. 8. The above named entity subfigs this systems for the life specime. 8. The above named entity subfigs this systems for the life specime. 8. The above named entity subfigs this systems for the life specime. 9. Election or registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with, and accept the obligation of Flonda. I am familier with accept the obligation of Flonda. I am familier with accept the obligation of Flonda. I a	2.5 - 5 - 5 - 5 - 5 - 5		75723771 F 757975	· ·	7. Name and	Address of Current Regist	ered Agent
IN THIS SPACE City Descuting FL Zip Code Zip C				Name A	lex an	relna ll	ing Tell
8. The above named entity subfigs this statement of Information of the obligations of registered agent. 8. The above named entity subfigs this statement of Information of the obligations of registered agent. 8. The above named entity subfigs this statement of Information of	-1	DO NOTW	RIIE	Street Address (F	.O. Box Numb	er is Not Acceptable)	
8. The above named entity subfigs this statement of Information of the obligations of registered agent. 8. The above named entity subfigs this statement of Information of the obligations of registered agent. 8. The above named entity subfigs this statement of Information of		IN THIS SP	ACF		1156	STIONE	- DR
8. The above named entity subfigs the apternandor profrumpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. January 1 - May 1 - Fo is \$150.00				<u> </u>			7:- 0:-1
SIGNATURE January 1. May 1 Fee is \$150.00 After May 1, Fee is \$50.00 Atter May 1, Fee is \$50.00 Make Check Payable to Florida Department of State. OFFICERS AND DIRECTORS TITUE NAME STREET ADDRESS OTY- ST-ZP STREET A				(4) (1) (1) (1)	Vosai	urice.	- 35 <i>/01</i>
Squared Prince or protect in the Prince of the Complete Region and the Figure 2 and the F	8. The above nar the obligations	med entity submits this statement for sof registered agent.	he purpose of changing its registe	ered office or registered	d agent, or both	, in the State of Florida. I al	n familiar with, and accept
After May 1 Fee is \$550.00 May Be Amended Als \$1.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	SIGNATURE_Sign	nation typed or printed name of registered agent an	dittle if applicable , (NOTE Registe	red Agent signature required w	hen re instating)	<u> </u>	ITE
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CIT			9. Flection Campaign	Financing 🗀 🕏 🗛	May Pa	chapie E-ma	all Address:
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS TISS Shore TILE NAME SIREET ADDRESS CITY ST ZP TILE TILE NAME SIREET ADDRESS CITY ST ZP TILE TI		Amended AR Is \$61.25	Trust Fund Contribu		4- 5		
TILE NAME STREET ADDRESS CITY. ST. ZP TILE NAME NAME STREET ADDRESS CITY. ST. ZP						z-maii address to be used i	of ruture armual report notices.
NAME STREET ADDRESS CITY. ST. ZP TILE NAME STREET ADDRESS CITY ST. ZP		OFFICERS AND	DIRECTORS				
STREET ADDRESS CITY-ST-ZP TILLE NAME STREET ADDRESS CITY-ST-ZP		Alexandra	Kingtell				
TILE NAME STREET ADDRESS CITY-ST-ZP		7156 P Ch	nne BR.				
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	CITY-ST-ZIP	C. Vose	Jena F/ 3	3707			
STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		Cino H		- F	กกรกรรค	3240E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		James 1	1119011		057	05/11 01004	027 ** ISO:00
TITLE NAME STREET ADDRESS CITY-ST-ZP		7156	Shone DR	A.			
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP		C 1/250	done El 3	77/)7	na Maria Nasaran		Samuel and a
IITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP		Co. Pusico			w. Plantenit		编集金型的运 。
IITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP	STREET ADDRESS	310 F	onthill Rel		D	O NOT W	RITE
NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		TransMa NV	8946D			Supplied the second
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	STUM	my me w			NTHIS SP	ACE
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			/ 11/10				
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP			13112				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		. /	T^{-1}	9,535			
TITLE NAME STREET ADDRESS CITY- ST-ZIP	STREET ADDRESS	. /	•				
NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				· 14		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS CITY-ST-ZIP	Į.	x *			14 T		
CITY-ST-ZIP				7.			
							e**.
	l l	fy that the information supplied with t	his filing does not qualify for the ex	emptions contained in	Chapter 119, F	lorida Statutes I further ce	tify that the information

of the corporation or the receiver or trustee empowered port as a figured by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an last the properties of the statutes and that my name appears in Block 10 or on an last three-normation submitted in a document to the Department of State constitutes a third degree felony attachment with an address, with all other like empower as provided for in s.817.155 F.S.

SIGNATURE: __ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR