2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED ON CREATED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 06, 2008 08:00 AM Secretary of State

1. Entity Nam	MENT # P010001085 TURE, INC.	68		Side	Se	ecretary of Sta	
Principal Plac 1700 RIDGE CLEARWATER	WAY DR.	Mailing Address 1700 RIDGEWAY DR. CLEARWATER, FL 33755		1 1 10 0 (1900)	1 28 (8)	8 8 2 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1 1	
DO NOT WRITE IN THIS SPACE. 6. Name and Address of Current Registered Agent				## 01192008 No Chg-P CR2E034 (11/05) 4. FE! Number			
WHITTER COPPOLI, ELIZABETH 1700 RIDGEWAY DRIVE. MIAMI, FL 33145				DO NOT WRITE IN THIS SPACE			
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. Lam 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 signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Efection Campaign Finan Trust Fund Contribution.				5.00 May Be dded to Fees		-	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE PSTD WHITTER, ELIZABETH C 1700 RIDGEWAY DRIVE CLEARWATER, FL 33755	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				0000008 02/15/08-8	18063 0027-020 150.00	
NAME STREET ADDRESS CITY-ST-ZIP		_			NOT WE		
NAME STREET ADDRESS CITY+ST-ZIP				iN ⁻	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 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.							