## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P0200002		NC.			02-15-2008	90002 001 ***1	50.00
Principal Place of Business 5206 NORTH MAIN STREET JACKSONVILLE, FL 32208		Mailing Address 5206 NORTH MAIN STREET JACKSONVILLE, FL 32208		400				
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282008	Chg-P	CR2E034 (12/06	3)	
City & State		City & State		4. FEI Number 02-0550	238	<b>→</b>	Applied For Not Applicable	
Zip	Country Zip		Coun	ilry	5. Certificate of Status Desired   \$8.75 Addition Fee Required		dditional ired	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered Agent	
UCAIDY M	MOLIA ELLE			Name				
HENRY, MICHAELLE 5206 NORTH MAIN STREET JACKSONVILLE, FL 32208				Street Address	eet Address (P.O. Box Number is Not Acceptable)			
				City	FL Zip Code ared agent, or both, in the State of Florida. I am familiar with, and accept			
the obligat	riamed entity submits this statement i tions of registered agent.	or the purpose of changing	its register	ed office of regist	lered agent, or both,	, in the State of Fig	orida. I am familiar wi	h, and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (Ni	OTE: Bagialara	d Apost signature some				
		(1)	JIC. negistare	o Agent signature requir	red when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Camp	paign Finar	ncing \$:	5.00 May Be dded to Fees		DATE	
	ay 1, 2008 Fee will be \$550. OFFICERS AND	9. Election Camp Trust Fund Co	paign Finar	ncing \$:	5.00 May Be dded to Fees	HANGES TO OFFI	ICERS AND DIRECTO	PRS IN 11
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12. I pereby certify that the information supplied with this filing 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.

SIGNATURE: Micheline Henry Mack St.

2-13-08 904-765-500,