FILED May 18, 2007 8:00 am Secretary of State 04-26-2007 90228 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P0200002	28390		POULOSSE		
Principal Place of Business 2035 CHENEY HWY. TITUSVILLE, FL 32780		Mailing Address 2035 CHENEY HWY. TITUSVILLE, FL 32780				
2. Principal Pl	face of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292007 Chg-P CR2E034 (12/06)		
City & State		City & State		4. FEI Number Applied For		
Zip	Country	Zip	Country	S. Certificate of Status Desired		
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent		
BERMAN, STEVEN				Street Address (P.O. Box Number is Not Acceptable)		
42 SEMIN TUSVILL	NOLE DT LE, FL 32780		Street Addres	Siredi Address (F.O. Box Number 6 No. Acceptable)		
			City	FL Zip Code		
. The above	named entity submits this statement	for the ourcose of changing	1 '	istered agent, or both, in the State of Florida. I am lamillar with, and accept		
SIGNATURES	Signaure, lyped or or release name of registered age	Sincer	(NOTE Registered Agent Agnature rec	418107		
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee. Will be \$55		mpaign Financing (\$5.00 May Be Added to Fees		
0.	OFFICERS AF	ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
itle vame	BERMAN, STEVEN	☐ Details	TIFLE NAME	☐ Change ☐ Addition		
TREET ADDRESS '	242 SEMINOLE ST TITUSVILLE, FL 32780		STREET ADDRESS CITY-ST-ZIP			
ITLE .		☐ Delete	TITLE	☐ Change ☐ Addition		
IREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP			
LLL		Delete	ITILE	☐ Change ☐ Addition		
nme Treet adoress Ty-st-zip			NAME STREET ADDRESS CITY-ST-ZIP			
ITLE T		Delete	TITLE	Change Addition		
mane Treet address HTY-S1-ZIP			STREET ADDRESS CITY-ST-ZIP			
DILE		☐ Defete	TITLE NAME	☐ Change ☐ Addition		
TREET ADORESS			STREET ADDRESS CITY-ST-ZIP	.]		
TILE		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADORESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZP			
indicated of the co- changed	certify that the information supplied on this report or suppliemental report or suppliemental reports or the receiver of suspenses, or on an attachment purpor arrander.	with this filing does not quall ort is true and accurate and to propowered to execute this as ss, with all other like only and	ity for the exemptions contains in the signature shall have foor as required by Chapter ared.	ined in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		
SIGNAT	$\lambda(t_{\alpha})$	ven L	Zernar	suffor 321-960-33		

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