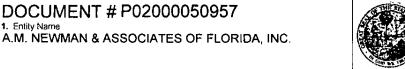
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State



Principal Place of Business

Mailing Address

1057 HILLSBORO MILE HILLSBORO BEACH, FL

1057 HILLSBORO MILE HILLSBORO BEACH, FL



DO NOT WRITE IN THIS SPACE

02082008 CR2E034 (11/05) No Chg-P

4. FEI Number 04-3653918

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, ALLAN 1057 HILLSBORO MILE HILLSBORO BEACH, FL

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 The above named entity submits this statement for the purpose of changing the obligations of registered agent. 	ng its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
•		
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NEWMAN, ALLAN STREET ADDRESS 1057 HILLSBORO MILE HILLSBORO BEACH, FL CITY-ST-ZIP TITLE NAME NEWMAN, BARBARA 1057 HILLSBORO MILE STREET ADDRESS CITY-ST-ZIP HILLSBORO BEACH, FL TITLE JOHNSTON, ALLEN NAME STREET ADDRESS 18731 N.W. 89 PLACE CITY - ST-ZIP MIAMI, FL 33018 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receipthanged, or on an attachment

SIGNATURE:

CITY-ST-ZIP