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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

1. Entity Nar	MENT # P0200005839 LO COMPANY	97			· .	secr	etary of St
Principal Place 9600 DELEC ORLANDO, F	GATES DR	Mailing Address 9600 DELEGATES DR ORLANDO, FL 32837					
	OO NOT WRITE I	CE	01112007 4. FEI Numb 03-045	No Chg-P		034 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required	
8. The above	EGATES DR D, FL 32837	DO NOT WRITE IN THIS SPACE  ed office or registered agent, or both, in the State of Florida. Tam familiar with, and accept					
SIGNATURE.	Signature, typed or printed name of registered agent and titl	e if applicable (NOTE: Registere	d Agent signature require	ed when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		5.00 May Be ded to Fees			
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  D ONEY, WADE S  9600 DELEGATES DR  ORLANDO, FL 32837	CTORS			U00000 01/18/07-	58970 80026	8 -025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT W		

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 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.

C.I	CN	ATI	IDE.	

NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
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CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF BY NING OFFICER OR DIRECTOR

1-11-07

407.888.3606