## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 23, 2007 08:00 A Secretary of State

1. Entity Nam	MENT # P02000067	792			ceretary or sta
Principal Plac 1222 CHELS ORLANDO, F	EA PLACE	Mailing Address 1222 CHELSEA PLACE ORLANDO, FL 32803	İ	4 (88) 10 (88) 12 (198) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PIII: BB1  3 B7    (387   (488)   187     187     17   188
`				02282007 No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 42-1540002	Applied For Not Applicable
· · ·				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R EITH W LSEA PLACE 0, FL 32803	egistered Agent		DO NOT W	
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. I am 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 NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND D	RECTORS	The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES, NANCY A 1222 CHELSEA PL. ORLANDO, FL. 32803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, KEITH W 1222 CHELSEA PL. ORLANDO, FL 32803				
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP				DO NOT W	
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					10722699 1 <del>1</del> 80042-013 150.00
NAME STREET ADDRESS CITY-ST-ZIP					
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 tike empowered.					
SIGNATURE: 4/10/					