## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P0200007 PAST FLAGLER BEACH F			)5-02-2008 90	0153 031 3	***150.0	00		
Principal Plac	re of Business	Mailing Address		L	† <b>.</b> -				
	ANSHORE BLVD.	-	P.O BOX 1738			- 4 3			
STE 6			FLAGLER BEACH,, FL 32136						
FLAGLER BE	ACH, FL 32136				1 50 000 01 101 101		1 83111 1 <b>8313</b> 11881	(120) Mail Ma	19 EL 16 1991
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182008	Chg-P	CR2E034	(12/06)	
City & State		City & State	City & State		4. FEI Number 82-0558	080			plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 Add e Require	litional
	6. Name and Address of Currer	nt Registered Agent			7. Name and A	ddress of New R	egistered Ag	ent	
DEDC EL	AINE O		Name						
BERG, ELAINE C 250 WELLINGTON DRIVE PALM COAST, FL 32164				Street Address (P.O. Box Number is Not Acceptable)					
1712111 007	7.07,72 02707		İ						
				City	- <u></u>		FL	Zip Code	9
8. The above	e named entity submits this statement	ed office or registe	red agent or both	in the State of Flo		niliar with	and accept		
	tions of registered agent.	to the purpose of changing to	, registor	od onice di registo	red agent, or both,	III the otate on the	Arcia, Fairrei	· · · · · · · · · · · · · · · · · · ·	and accept
SIGNATURE.	Signature, typed or printed name of registered age	(A)OX	T. Danistara	d Agent signature require			DATÉ		
-	Signature, typed or printed name of registered age	mit and tipe it applicable. (NO)	C: Hegistere	o Agent signature require	d when tekerering)		UATE		
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa			.00 May Be				
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10.	OFFICERS AN	D DIRECTORS	11.			HANGES TO OFF	ICERS AND D	RECTORS	S IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELAINE, BERG C 250 WELLINGTON DRIVE PALM COAST., FL 32164	D DIRECTORS	11. TITLI NAM STRE	E E EET ADDRESS - ST-ZIP		HANGES TO OFF		☐ Change	Addition
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that I am an officer of 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:

ELAINB C. BRACE

TURSIONAL

1-18-0

(386) 439-2399

Daytime Phone #