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

Daytme Phone #

ANNUAL REPORT						
DOCUMENT # P02000075266		T				
1. Entity Name		1				

Principal Place of Business 1451 OVERLOOK TERRACE

TITUSVILLE, FL 32780

Mailing Address

1451 OVERLOOK TERRACE TITUSVILLE, FL 32780



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01122008 4. FEI Number 30-0099618 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

COURTNEY, ROBERT M 1451 OVERLOOK TERRACE TITUSVILLE, FL 32780

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	U00000839543 03/06/08-80011-013 150.00		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTNEY, ROBERT M 1451 OVERLOOK TERR. TITUSVILLE, FL 32780		es de la companya de			
TITLE NAME STREET ADDRESS CITY-ST-21P		•		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
NAME STREET ADDRESS CHY-ST-ZIP			IN <sup>-</sup>	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE 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 like empowered.						

NAME OF SIGNING OFFICER OR DIRECTOR

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