2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 27, 2007 8:00 am DOCUMENT # P02000081842 **Secretary of State** 03-27-2007 90014 028 ***150.00 R.G. COOK, CPA, PA Principal Place of Business Mailing Address 6111 FOSTER STREET **6111 FOSTER STREET** JUPITER FL 33458 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business - No P.O. Box # R G COOK, CPA, PA R G COOK, CPA, PA The Alhambra The Alhambra 1st MOORE CR2E034 (10/06) 725 N. A1A Suite E-104 725 N. A1A Suite E-104 El Number Applied For 22-3861265 Jupiter, FL 33477 Jupiter, FL 33477 Not Applicable \$8.75 Additional Jertificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent look, Richard G COOK, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 6111 FOSTER STREET 725 N. A1A Suite E-104 JUPITER FL 33458 Jupiter, FL 33477 c Zip Codo 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. ure, typed or printed name of registered agent and title r applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Addition HILE ☐ Delete THEE Change COOK, RICHARD G NAME NAME 112 PENNOCK TRACE DRIVE STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CHY-SI-7P CITY - ST-ZIP VD Delete Addition THLE THE ☐ Change COOK, CRAIG M NAME NAME 6111 FOSTER ST. STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-S1-ZIP CITY ST-7IP Delete IILE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change Addition STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition **IIILE** NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THIE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

FILED