## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 14, 2008 08:00 A tate

1. Entity Na	JMENT # P0200009374 /EL, INC.	14			Se	ecretary of S
Principal Place of Business  23227 FREEDOM AVE STE 3 CHARLOTTE HARBOR, FL 33980  Mailing Address 23227 FREEDOM AVE STE 3 CHARLOTTE HARBOR, FL 33980  CHARLOTTE HARBOR, FL 33980			80			DATE JOHNO NAKA URDAK DIDAN DIRAKDUKAN JARUK
[	OO NOT WRITE II	CE	01052008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required			
<u> </u>	6. Name and Address of Current Regis	tered Agent			···	· co required
LOEWE, WALTER 23227 FREEDOM AVE STE 3 CHARLOTTE HARBOR, FL 33980					NOT WR	
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  Spirature, typed or priviled name of registered agent and site if applicable [NOTE, Registered Agent signature required when reinstating]  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol><li>Election Campaign Finan- Trust Fund Contribution.</li></ol>		5.00 May Be ided to Fees		
10. OFFICERS AND DIREC		TORS	I	<del>.</del>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOEWE, WALTER L 23227 FREEDOM AVE STE 3 CHARLOTTE HARBOR, FL 33980				., "Ųggggorg	4272 047-025 150,00
NAME STREET ADDRESS CHY-SI-ZIP					01/16/08-80	047-U25 15U.WU
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WR THIS SPA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-					

12. I hereby certify that the information supplied with this filing goes 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 early, 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 pure like empowered.

SIGNATURE: \_

MILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR