

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000098790		
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Principal Place of Business 2194 BELAIRE DR WINTER HAVEN, FL 33880	Mailing Address PO BOX 1578 EAGLE LAKE, FL 33839
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERSHEY, DARYL 2194 BELAIRE DR WINTER HAVEN, FL 33880	Name Street Address (P.O. Box Number is Not Acceptable) City

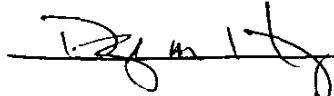
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D HERSHEY, DARYL 2194 BELAIRE DR WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 

date: 4-25-07

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90839 021 ***150.00



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 52-2380635	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

FL Zip Code