## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 13, 2007 8:00 am Secretary of State

DOCU  1. Entity Nam  ALAN J. L  Principal Plac				04-13-2007 90174 027 ***150.00							
	PLY DRIVE +135 To	Mailing Address 15281 AMBERLY DRIVI TAMPA, FL 33647									
17	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04042007	Chg-P	CR2E	E034 (12/06)		
City & State	npa FL	City & State	£	L		4. FEI Number 59-353			<del> </del>	plied For t Applicable	
Zip	Country	Zip Cour			5. Certificate of Status Desired				\$8.75 Add	litional	
336°	6. Name and Address of Current I	ろろいり リコ Registered Agent				7. Name and Address of New Registered Agent					
LEWIS, ALAN J					Name Carol Citty						
15281 AM		Street Address (P.O. Box Number is Not Acceptable)									
TAMPA, FL 33647					<u> (a</u>	04 1416	ence Co	301 T			
	,`			City	Ψ-"			F	L Zip Code	و ا	
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 ac											
the obligations of registered agent.  SIGNATURE  4141 • 7											
SIGNATURE Signature, hyped or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE											
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees											
10.	OFFICERS AND		11.			ADDITIONS/	CHANGES TO O	FFICERS AN	ID DIRECTORS	S IN 11	
TITLE NAME	PSD LEWIS, ALAN J	☐ Delete	TITL Nam	- 1	PP				☐ Efiange	Addition	
STREET ADDRESS	15281 AMBERLY DRIVE			ET ADDRESS	1130	is, Alan oq Taku	sce Sov	·c+			
City-St-ZiP	TAMPA, FL 33647		-	-ST-ZIP	7	ampa, F	L 336	47			
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STREET ADDRESS				ET ADORESS			ence Co	, c *		i	
CITY+ST-ZIP		☐ Delete	TITL	-ST-ZIP		ampa, 1	FL 33	<u> </u>	Change	[7] Addition	
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STREET ADDRESS CITY+ST-ZIP			•	et address - St-Zip							
TITLE	*****	☐ Delete	TITL						Change	☐ Addition	
NAME OTREET + DESCRIPTION			NAM	ĺ							
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS '- ST- ZIP							
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TITLE		☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRI	ie Eet address							
CITY-ST-ZIP			спу	'- 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.											