## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

18

## FILED Apr 19, 2007 08:00 AM Secretary of State

				_	€.	acratary at Stat
DOCUI  1. Entity Nam  LA CHAR		624			30	ecretary of Stat
Principal Place 102 N. BROA FELLSMERE,	ND WAY	Mailing Address 102 N. BROAD WAY FELLSMERE, FL 34948				181    1888   1181    1816    8186    186    186    186    186    186    186    186    186    186    186    18
D	O NOT WRITE		CE	04112007 4. FEI Numb 81-058	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
LUNA, LIN 102 N. BRO FELLSMER		DO NOT WRITE IN THIS SPACE				
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 agreature required when reinstating)  DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS	1		I	
TITLE NAME STREET ADDRESS	P LUNA, LINO 102 N. BROAD WAY					
CITY-ST-ZIP FELLSMERE, FL 34948			1			
TITLE			1.			
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE	***************************************		-1			
NAME						
STREET ADDRESS				DO	NOT W	/DITE
CITY-ST-ZIP						
TITLE.				IN	THIS SI	PACE
STREET ADDRESS					•	
CITY-ST-ZIP						
TITLE						
NAME OVER ADDRESS						
STREET ADDRESS CITY-ST-ZIP					110.00	00740700
TITLE		<del> </del>	1		0000 04/30/0	00716738 7-80020-009 150.00

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-13-07 (772)574-1360