2007 FOR PROFIT CORPORATION

FILED Aug 31, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P03000002766 RODGER L. MAISCH, P.A. Principal Place of Business Mailing Address 297 DONORA BLVD 297 DONORA BLVD FT MYERS BEACH, FL 33931 FT MYERS BEACH, FL 33931 No Chg-P CR2E034 (11/05) 08282007 DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 51-0440155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SW PROF SVS OF SOUTH FLORIDA INC DO NOT WRITE 13571 MCGREGOR BLVD #22 FT MYERS, FL 33919 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE MAISCH, RODGER L NAME STREET ADDRESS 297 DONORA BLVD CITY-ST-ZIP FT MYERS BEACH, FL 33931 U00000773171 TITLE 08/31/07-80003-n18 ssn.nn NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 aedress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR