2007 FOR PROFIT CORPORATION ANNUAL REPORT 02-20-2007 90039 012 ***150.00 DOCUMENT # P03000014585 1. Entity Name

FILED Feb 20, 2007 8:00 am Secretary of State

Principal Place of Business 225 E HIGH BANKS DEBARY, FL 32713 US Mailing Address PO BOX 530352 DEBARY, FL 32753 US					20865		14 2 1184 2 21 84 2 111	821 II (98)
2. Principal Place of Business - No P.O.	Box # 3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262007	Chg-P	CR2E03	4 (12/06)	
City & State City & State				4. FEI Numbe 57-114			<u> </u>	plied For Applicable
Zip Country	Zip	Count	try	5. Certificate	of Status Desired		8.75 Addi ee Required	
6. Name and Address	of Current Registered Agent			7. Name and	Address of New R	Registered A	gent	
DAVID EDATING DU			Name					
DAVID, FRATINO R II 255 E HIGHBANKS DEBARY, FL 32713			Street Addre	ess (P.O. Box Numbe	er is Not Acceptable	e)	·	
BEB. (11, 12 021) 0								
		ļ	City			FL	Zip Code)
8. The above named entity submits this site obligations of registered agent.	statement for the purpose of chang	ing its registere	ed office or reg	gistered agent, or bot	h, in the State of Flo	or i da. I am fa	miliar with, a	and accept
SIGNATURE	egistered agent and title if applicable	(NOTE: Beausiered	d Agent signature re	equired when reinstating)		DATE		
Ogration, types or pin accitant or a	ografie by the and the mapped and	(NOTE: NOBINE DE						
1	l l							
FILE NOW!!! FEE IS \$1 After May 1, 2007 Fee will I	50.00	ampaign Finan d Contribution.	ncing	\$5.00 May Be Added to Fees				
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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 attac	chment with an address, with	all other like empo	wered.			•			}
SIGNATURE:	much	01. F	nepr	nichael	q. ferguson	2-1	2-07	386-818.	522
	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING	OFFICER OR DIRECTOR	Plesid	en t	Date		Daytime Phone #	ŀ