## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

Carly Name   Carl Address   Carl Carl Registered Agent   Capt	Country	ANNOAL ILLI OILI						Secretary of State				
3095 HARLOCK RD   MELBOURNE, FL 32934   ME	3095 HARLOCK RD   MELBOURNE, FL 32934   ME	1. Entity Name						•				
MELBOURNE, FL 32934	MELBOURNE, FL 32934	Principal Plac	e of Business	Mailing Address								
Sulfo. Apt. #, etc.    Sulfo. Apt. #, etc.	Sulio. Apt. #, vto.    Sulio. Apt. #, vto.   Sulio. Apt. #, etc.   Dispose   City & State   City & City & State   City & State   City & State   City & City & State   City & C						£ 10 01 10 01 1	; <b>83:188</b>   111; 88:11; 88:11; 81	RII) BRIDO IIIVO AIG	<b>8</b> 1   <b>8</b> 11 <b>8 8</b> 171 <b>8</b> 17	HINR II INNI	
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Status Desired   S8.75 Additional reception	City & State  Country  City  Cit	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Zep Country Zip Country	Zip Country Zip Country Zip Country Sip Country S. Certificate of Status Desired S. \$7.5 Additional research re			Suite, Apt. #, etc.			01232008	Chg-P	CR2E03	14 (12/06)		
Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Feb Required Agent	Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Fee Required	City & Stat	0	City & State			<b>I</b>				<del></del>	
FARLOW, DONALD 3095 HARLOCK RD MELBOURNE, FL 32934  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent speature recursed when initiating)  FILE NOWILI FEE IS \$150,00 TAITOR TO PLATE THAT CONTRIBUTION. ARTON May 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON May 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON May 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON MAY 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON MAY 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON MAY 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON MAY 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON MAY 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON MAY 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON MAY 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION. ARTON MAY 1, 2008 Fee will be \$550,00 TAITOR THAT FOR CONTRIBUTION THAT FOR CONTR	FARLOW, DONALD 3095 HARLOCK RD MELBOURNE, FL 32934    City   FL   Zip Code	Zip	Country	Zip	Country					8.75 Add	titional	
Trick   DPST	### Addition  ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ###		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New I	Registered A	gent	-	
City   FL   Zip Code	ELECTIVE FL 32934    City   FL   Zip Code					Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the # Applicable. (NOTE Registered Agent segment required when releasing)    SEGNATURE	8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the I applicable. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the I applicable. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of part of Plants					Street Address (P.O. Box Number is Not Acceptable)						
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   Internation   Signature   Internation   Signature   Internation   Internati	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 the 4 appricable.   (NOTE Registered Agent sequence occurred whon receasing)   DATE											
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NOTE	NOTE   Paper	8. The above the obligat	named entity submits this statement foins of registered agent.	or the purpose of changing its re	egistere	ed office or registe	red agent, or bo	th, in the State of F	lorida. I am fa	amiliar with,	and accept	
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DPST FARLOW, DONALD D SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADD	After May 1, 2008 Fee will be \$50.00  Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DPST FARLOW, DONALD D STREET ADDRESS CITY-ST-ZIP  TRUE NAME 3095 HARLOCK RD MELBOURNE, FL 32934  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TI	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	1 Agent signature require	d when reinstating)		DATE		<del></del>	
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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 attackagent with an address, with all other like empowered.

changed, or on an attachment with an address, with all other like empowere

Date

Daytime Phone #