2007 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P03000043	490		FIL 07 APR 26	.ED AM 9: 19	
Principal Place of Business 974 RICHARDSON RD TALLAHASSEE, FL 32301 Mailing Address 974 RICHARDSON RD TALLAHASSEE, FL 32301			301	FALLAMÁSS	FOF STATE EE, FLORIDA	
2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			ose wood	04232007 Chg-P	CR2E034 (12/06)	
2Zip a	a. FL Countrie 1	Tity & State 4.	Country	FEI Number 68-0579760 Certificate of Status Desire	Applied For Not Applicable	
クムク	6. Name and Address of Current F	Registered Agent	Country	7. Name and Address of Ne	Fee Required	
SCRUGGS, CHARLES B 974 RICHARDSON RD TALLAHASSEE, FL 32301			Name Siger ddr	Street address PD 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstabling) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa	tign Financing	\$5.00 May Be Added to Fees	DAIL	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCRUGGS, CHARLES B 974 RICHARDSON RD TALLAHASSEE, FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	harles B. School	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	124/27	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	80010: 05/03/07010	Change Addition 1349088 114-005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ψ 4 - 1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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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 attachment with an address, with all other like empowered.						
SIGNATURE: Church Of Acy A ROPIL 20, 07 850-878-470						
Charles 214995						