2007 FOR PROFIT CORPORATION ANNUAL REPORT

N FILED Jan 08, 2007 08

ANNUAL REPURI			Jan U8, 2UU / U8:UU A		
DOCUMENT # P030000521 1. Entity Name MAUREEN R NEWMAN, PA	58			S	Secretary of State
Principal Place of Business 8577 SOUTH US 1 PORT SAINT LUCIE, FL 34952	Mailing Address 8577 SOUTH US 1 PORT SAINT LUCIE, FL 34952	VI CO VE THE	I 1280/1981 30 2002 1030/2001/2001/2001/2002/2002/2001/2007/2007		
DO NOT WRITE IN THIS SPA		CE	01052007 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Reg NEWMAN, MAUREEN R 5791 MOSS CT FT PIERCE, FL 34982	istered Agent			NOT W	
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and to		I ed office or registe Apent signature require		h, in the State of Flo	orida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncijng \$5	.00 May Be		
10. OFFICERS AND DIR	ECTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP PD NEWMAN, MAUREEN R 5791 MOSS CT FT PIERCE, FL 34982 TITLE NAME STREET ADDRESS CITY-ST-ZIP				00000 01/09/07	0577840 -80006-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			IN 7	THIS SF	PACE
NAME	·	1			\

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 address, with all other like empowered.

SIGNATURE:

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

KAULLA KULLONIA ALLONIA OFFICER OR DIRECTOR

1/4/07 (771) 529-3777