2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM DOCUMENT # P03000064379 Secretary of State GORDON H. HOFFMANN, P.A. Principal Place of Business Mailing Address 17355 SW 8 ST. 17355 SW 8 ST. PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2365885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOFFMANN, GORDON H DO NOT WRITE 17355 SW 8 ST. PEMBROKE PINES, FL 33029 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) DATE U000000591147 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be 01/19/07-80011-009 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOFFMANN, GORDON H NAME STREET ADDRESS 17355 SW 8 ST. CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7iP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY+ST-ZIP

I hereby certify that the informatie indicated on this report or supplementa of the corporation or the receiver of true