FILED \mathbf{AM}

ANNUAL REPORT				Jan 08, 2007 08:00 A	
1. Entity Nar	MENT # P030000692 TREIMER, P.A.	31		Seci	etary of State
Principal Place of Business 4400 SW 107TH WAY DAVIE, FL 33328		Mailing Address 4400 SW 107TH WAY DAVIE, FL 33328		1	L JIHA 18HÁ HERFINGUKANARY II GARI
	O NOT WRITE	INITUS CDA		01032007 No Chg-P C	R2E034 (11/05)
				4. FEI Number 20-0051343 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STREIMER, JAY A 4400 SW 107TH WAY DAVIE, FL 33328				DO NOT WRI	
8. The above the obligation	e named entity submits this statement for the figure of registered agent. Signature, typed or printed name of registered agent and		ered office or registers		I am familiar with, and accept
FIL After M	Ë NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	· _ +	00 May Be ad to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D STREIMER, JAY A 4400 SW 107TH WAY DAVIE, FL 33328	ECTORS		000000577 01/09/07-800	647 24-020 150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				DO NOT WR IN THIS SPA	CE
CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					

12. Thereby 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:

CHART SEE AND TO SEE ON PRIMED HAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #