2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Mar 14, 2007 08:00 AM		
DOCUMENT # P0300008531		5		Secretary of State		
5643 OLD U.S. ROAD 5643 OL		ailing Address 5643 OLD U.S. ROAD MALONE, FL 32445	OLD U.S. ROAD			
C	DO NOT WRITE II		03082007 No Chg-P CR2E034 (11/05)		No Chg-P CR2E034 (11/05) 915 Applied For Not Applicable Status Desired \$8.75 Additional	
6. Name and Address of Current Registered Agent ROGERS, WOODROW W 5643 OLD U.S. ROAD MALONE, FL 32445			DO NOT WRITE IN THIS SPACE			
On 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title / applicable (NOTE: Registered Agent signature required when reinstating) DATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ad to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIREC P ROGERS, WILSON 5643 OLD L.S. RD MALONE, FL 32445	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, JANICE S 5643 OLD L.S. RD MALONE, FL 32445			U00000666284 03/23/07-80065-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE						
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST-ZIP				· .		
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 of 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 attacoment with an eddress, with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIR OR DIRECTOR						

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