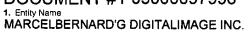
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000097996

FILED Mar 15, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Fee Required





Principal Place of Business

723 NW 25 AVE DELRAY BCH, FL 33445 Mailing Address

723 NW 25 AVE DELRAY BCH, FL 33445



DO	NOT	WRITE	IN	THIS	SPACE
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022001	C. 1220 / (00)			
4. FEI Number		Applied For		
51-0484177		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

GOUPY, BERNARD M 723 NW 25 AVE DELRAY BCH, FL 33445

DO NOT WRITE IN THIS SPACE

No Cha-P

02232007

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or registered agent, or b	oth, in the State of Florida. I am familia	r with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	! Agent signature required when reinstating)	DATE	,		
FIL After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			,		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D GOUPY, BERNARD M 723 NW 25 AVE DELRAY BCH, FL 33445	:			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLAY, JANE 723 NW 25 AVE DELRAY BCH, FL 33445			090000666786 03/26/07-80002-1	007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby 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 of the corporation or the receiver or trustee emporchanged, or on an attachment with an address.

SIGNATURE: