2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 28, 2008 8:00 am Secretary of State

## Country S. Certificate of Status Desired \$8.75 Additional Fee Required	1. Entity Nam	MENT # P03000100 EAN ESCAPES COOPERAT				The state of the s	07-28-2008	90032 048 ***15	0.00	
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Suite, Apt. 4 etc. \$\frac{1}{2} \frac{1}{2} \frac{1}{		_ 1	3. Mailing Address							
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S. Certificate of Status Desired \$8.75 Additional \$8.75 Additional	City & State	WWWW IN	City & State						pplied For ot Applicable	
HARRIS, GLENN D 740 NW 207TH TERR PEMBROKE PINES, FL 33029 City FL Zip Code	Zip 330		Zip	Country		5. Certificate of	of Status Desired			
HARRIS, GLENN D 740 NW 207TH TERR PEMBROKE PINES, FL 33029 8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Forda, it am familiar wah, and accept the collipations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution Gregory Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREE ADDRESS CITY S1-2P PEMBROKE PINES, FL 33029 10. Detele 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE SIREE ADDRESS CITY S1-2P PEMBROKE PINES, FL 33029 10. Detele 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE SIREE ADDRESS CITY S1-2P 10. Detele 10. Change Addition 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE SIREE ADDRESS CITY S1-2P 10. Change Addition		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent		
STORATURE SIGNATURE Software Address (P.O. Box Number is Not Acceptable) FL. Zip Code 1. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, it am familists with, and acceptable in the obligation of registered agent. SIGNATURE SIGNATURE Software Area on North acceptable in the obligation of registered agent. SIGNATURE SIGNATURE SIGNATURE SOFTWARE ADDRESS Trust Fund Contribution OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE SIRET ADDRESS CITY-S1-2P Delete TITLE MAKE SIRET ADDRESS CITY-S1-2P TITLE MAKE SIRET ADDRESS CITY-S1-2P Delete TITLE MAKE SIRET ADDRESS CITY-S1-2P D	HADDIC C	CLENN D			Name					
B. 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. am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Requirement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Requirement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In the condition of registered agent. Signature for the obligations of registered agent, or both and accept the product of the	740 NW 207TH TERR				Street Address (P.O. Box Number is Not Acceptable)					
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Trust Fund Contribution	SIGNATURE.		and title il applicable (NOTI	E Registere	d Agent signature requ	ared when reinstating)		DATE		
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12. Thereby cartify that the information supplied with this filing does not qualify for the examptions contained in Chanter 119. Florida Statutes, I further certify that the information		portify that the information pupulied with	this filing does not qualify to			ned in Chanter 110	Florida Statutas I	further cortifu that the	Information	

Interest certify that the information supplied with this tilling goes not quality for the exemptions contained in Chapter 119, Florida Statules. 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 trustage 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: