2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 08:00 A Secretary of State

				_		~
1. Entity Name	MENT # P030001189	938				Secretary of S
Principal Place		Mailing Address	<u>-</u> <u>-</u>			
1665 CAINS AVE PALM BAY, FL 32907 PALM BAY, FL 32907						
	_		02062008	No Chg-P	CR2E034 (11/05)	
D	O NOT WRITE	CE	4. FEI Numb		Applied For	
				20-032		Not Applicable \$8.75 Additional
<u> </u>	6. Name and Address of Current R	ordetered Agent		5, Certificate	of Status Desired	Fee Required
		agistered Agent				
VAILLANCOURT, MARK P 1665 CAINS AVE			DO NOT WRITE			
PALM BAY, FL 32907				IN T	THIS SF	ACE
			4			
	named entity submits this statement for tions of registered agent.	he purpose of changing its registe	red office or registe	ered agent, or bo	th, in the State of Flo	orida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	bille if applicable (NOTE, Register	ad Agent signature require	d when reinstating)		DATE
9 Flection Campaign Financia				.00 May Be	116666	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution				ded to Fees	03/ i 2/08	-80001-021 150.00
10.	OFFICERS AND D	RECTORS	1			
NAME	VAILLANCOURT, MARK P					
STREE1 ADDRESS CITY-SI-ZIP	1665 CAINS AVE PALM BAY, FL 32907		_			
TITLE NAME						
STREET ADDRESS						
CITY-51-ZIP			_			
NAME						
STREET ADDRESS CITY-ST-ZIP]	DO	NOT W	RITE
THILE		, <u></u>	-	IN '	THIS SE	PACE
NAME STREET ADDRESS					/ (
CITY ST-ZIP			1			
TITLE NAME						
STREET ADDRESS						
CITY-S1-ZIP			-[
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 1 further certify that the information indicated on this report or supplemental report is true and according another my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee employeded to the cute the 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 page like employeded.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2126/08

371-273-5461

Daytime Phone #