2008 FOR PROFIT CORPORATION

FILED Apr 04. 2008 08:00 AN ate

ANNUAL KEPUKI				Socretary of Ste		
DOCUI	MENT # P030001450			56	cretary of Sta	
	NTING AND WALLPAPER, IN	NC				
Principal Plac	e of Business	Mailing Address				
10221 W DE	EPWOODS DR	10221 W DEEPWOODS DR				
CRYSTAL RIV	ER, FL 34428	CRYSTAL RIVER, FL 34428				
					10)	DA BIBBA BIDA B i na b a na bana irang
						
DO NOT WRITE IN THIS SPA			^E	03212008	No Chg-P	CR2E034 (11/05)
L	O NOI WKIIE	IN THIS STA	CE	4. FEI Number 20-047		Applied For Not Applicable
						\$9.75 Adda
				5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent				
IWANIEC, DAVID				D0	NOT WE	ITE
10221 W DEEPWOODS DR			DO NOT WRITE			
CRYSTAL RIVER, FL 34428				IN "	THIS SPA	CE

			<u> </u>			
	named entity submits this statement for trions of registered agent.	ne purpose of changing its register	red office or registe	red agent, or bo	th, in the State of Florid	a. I am familiar with, and accept
(ne obligat	ions or registered agent.					
SIGNATURE	Signature typed or printed name of registered agent and	title if applicable (NOTE Registeri	ed Agent signature require	d when reinstating)	. <u></u>	DATE
_ - _			·			· · · · · · · · · · · · · · · · · · ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees		
Arterm						
10.	OFFICERS AND DI	RECTORS	-			
TITLE NAME	D IWANIEC, DAVID					
STREET ADDRESS	10221 W DEEPWOODS DR				U000008	81897
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		1		04/15/08-8	81097 0087-013 150.00
TITLE	PRES		-			
NAME	IWANIEC, DAVID					
STREET ADDRESS	10221 W DEEPWOODS DR					
CITY - ST - ZIP	CRYSTAL RIVER, FL 34428		4			
TITLE	SEC					
NAME STREET ADDRESS	IWANIEC, JACKIE 10221 W DEEPWOODS DR					
CITY ST-ZIP	CRYSTAL RIVER, FL 34428			DO	NOT WE	KITE .
TITLE	STATE OF THE PARTY OF THE OWNER	***************************************	1	IAI '	THIC CO	VCE
NAME			1	IN	THIS SPA	시し E

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP THEE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jackie Iwaniec 4/2/08

352-795-8957

Daylime Phone #