## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jun 22, 2007 8:00 am Secretary of State

Principal Place of Business   Mosting Additions   1407 OHIO AVE   1407 OHIO AV	1. Entity Nam	MENT # P030001				,	06-22-200	)7 90001 009 ***1	.50.00
Suite, Apt. #, etc.	1407 OHIO A	<b>N</b> E	1407 OHIO AVE	1407 OHIO AVE				183 JUNIJ BUBUJ JOBEN BEJON BUYU JE	
City & State   Session   Session and Free Address of Current Registered Agent   Session and Address of Current Registered Agent   Name and Address of New Registered Agent   Name   CHALKER, KATHREEN   Since Address (P.O. Box Number is Not Acceptable)    CHALKER, KATHREEN   Name and Address of New Registered Agent   Name   City   FL   Zip Code    8. The above named entity submits the statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the changing of registered agent, or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and accept the changing of registered agent. Or both, in the State of Florida. I am familiar with, and a	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
COUNTRY   Zep   Country   Zep   Country   September   Status Desired   Sta	Suite, Apt.	#, etc.	Suite, Apt #, etc	Suite, Apt. #, etc.		06082007	Chg-P	CR2E034 (12/06)	
S. Certificate of Saturus Desirace   Fee Required James    CHALKER, KATHREEN   A07 OHIO AVE LYNN HAVEN, FL 32444    Sirees Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code    Sirees Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code    City   FL   Zip Code    Sirees Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code    Sirees Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code    Sirees Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code    Sirees Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code    Sirees Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code    Sirees Address (P.O. Box Number is Not Acceptance)    City   FL   Zip Code    Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Box Number is Not Acceptance)    Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is Not Acceptance)    Date   The Sirees Address (P.O. Box Number is	City & State	e	Cny & State	City & State				) <u> </u>	
CHALKER, KATHREEN 1407 OHIO AVE LYNN HAVEN, FL 32444  8. 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. I am familiar with, and accept the deligations of registered agent.  SIGNATURE  Signature have the province of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the prior of control of the state of Florida. I am familiar with, and accept the prior of control of the state of Florida. I am familiar with, and accept the prior of control of the state of Florida. I am familiar with, and accept the prior of control of the state of Florida. I am familiar with, and accept the prior of control of the state of Florida. I am familiar with, and accept the prior of control of the state of Florida. I am familiar with, and accept the prior of control of the state of Florida. I am familiar with, and accept the prior of control of the state of Florida. I am familiar with, and accept the prior of the corrections of the c	Zip					5. Certificate of Status Desired Fee Required			
Sinest Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	_		ent Registered Agent	Non	· · · · · · · · · · · · · · · · · · ·				
City FL Zip Code  8. 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. I am lamiliar with, and accept the obligations or registered agent. Providing the obligations or registered agent. The delignations of registered agent. The delignation of registered agent. The addition of registered agent. The delignation of registered agent. The addition of registered agent.   BIT I NOWI	CHALKER, KATHREEN								
## The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  ### Signature   Page   P						<u></u>	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE   TILE NOWITE FEE IS \$150.00   P. Election Campaign Financing   S5.00 May Be corporation did not receive the prior notice.   International Property of P				City				FL Zip Cod	e
Signature Imperior formers are improved agent and its vierce and its vierce and its vierce and provided provided provided agent and its vierce and vierce and its vierce and vie			nt for the purpose of changing its	registered offic	ce or register	red agent, or bo	th, in the State of Fl	orida. I am lamiliar with,	and accept
Trust Fund Contribution.   Added to Fees   Corporation did not receive the prior notice.    10.	SIGNATURE	Signature, typaid or printed name of registered a	gon; and title if zoorcapio (NOTE	E. Rug starca Agentic	s gnature required	(when roinstating)		DATE	
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	12. I hereby of indicated	certify that the information supplied on this report or supplied ental report.	with this filing toes not qualify to	or the exemption	ns contained	in Chapter 11st ame legal effe	9, Florida Statutes. ct as if made under	I further certify that the i	nformation or director

changed, or on a altachmen

SIGNATURE: D TYPED OR PRINTED NAME OF

4/28/04 800-271-511/