2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

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Mailing Address 28241 INTERNATIONAL COURT WESLEY CHAPEL, FL 33543-5306				ren 1787) Birkin (Birkin 1817) Birkin (Birkin 1817)
TE IN THIS SPA	ACE	01052007 4. FEI Numbi 90-012	No Chg-P er 8558	CR2E034 (11/05) Applied For Not Applie \$8.75 Additional Fee Required
<u> </u>	stered office or registe	IN 7	THIS SF	PACE
9. Election Campaign F	inancing \$5	.00 May Be	000000 02/01/07	омте 3603633 -80061-014 150.00
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	Mailing Address 28241 INTERNATIONAL CO WESLEY CHAPEL, FL 3354 TE IN THIS SP urrent Registered Agent ment for the purpose of changing its regised agent and dise if applicable. (NOTE Register) 9. Election Campaign F	Mailling Address 28241 INTERNATIONAL COURT WESLEY CHAPEL, FL 33543-5306 TE IN THIS SPACE urrent Registered Agent ment for the purpose of changing its registered office or registered agent and tise if applicable. (NOTE Registered Agent signalure require 9. Election Campaign Financing Trust Fund Contribution. S AND DIRECTORS	Mailing Address 28241 INTERNATIONAL COURT WESLEY CHAPEL, FL 33543-5306 TE IN THIS SPACE O1052007 4. FEI Numb 90-012 5. Certificate urrent Registered Agent DO IN ment for the purpose of changing its registered office or registered agent, or both of agent and title if applicable. (NOTE Registered Agent signature required when minatathy) 9. Election Campaign Financing Trust Fund Contribution. \$5,00 May Ba Added to Fees COURT 5435306	Mailing Address 28241 INTERNATIONAL COURT WESLEY CHAPEL, FL 33543-5306 TE IN THIS SPACE 01052007 No Chg-P 4. FEI Number 90-0128558 5. Certificate of Status Desired urrent Registered Agent DO NOT W IN THIS SF ment for the purpose of changing its registered office or registered agent, or both, in the State of Fl and agent and 58e if appEcable. (NOTE Registered Agent signalule required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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:

NAME STREET ADDRESS CITY-ST-ZIP

Pulled Chapman SIGNATURE AND TYPED OR PRINTED HAME OPEGINING OFFICER OR DIRECTOR

1/36/07 (8/3)991-4955 Designe Proce #