## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 18, 2007 8:00 am Secretary of State

	ry of State 0018 020 ***550.00
Principal Place of Business Mailing Address  13600 SE RANCHLAND AVENUE HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 HUBE SOUND, FL 33455	ISI MBAL BING BING BING 1916 IBTIBBI O IBTI
2. Principal Place of Business - No P.O. Box # 3. Mailing Address	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  01252007 Chg-P	CR2E034 (12/06)
City & State         City & State         4. FEI Number           20-0640893	Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New R	Registered Agent
LAUTERBORN, ABIGAIL M E.A. 721 US HWY ONE STE 122 NORTH PALM BEACH, FL 33408  Street Address (P.O. Box Number is Not Acceptable 122 DATE PROME 122 DATE PROM	
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 Fix the obligations of registered agent.	FL Zip Code 33458 orida. I am familiar with, and accept
SIGNATURE Signature, typed currented name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)	1/25/07 DATE
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 11
TITLE D Delete TITLE  NAME MILLER, EDWIN J NAME  STREET ADDRESS 13600 SE RANCHLAND AVENUE STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP	☐ Change ☐ Addition
ITILE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	☐ Change ☐ Addition
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12   Description that the information supplied with this filling does not grapfing for the examples applied in Change 110. Florid Supplied	☐ Change ☐ Addition

12. Treneby 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:

STATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07

Daytime Phone #