2007 FOR PROFIT CORPORATION

FILED Apr 30, 2007 8:00 am

Country Coun	ANNUAL REPORT						Secretary of State				
## PALK BY, FL 32907 2. Principal Piace of Examess - No P.O. Box # 3. Melling Address Suito, Apr. #, etc. Suito, Apr. #, etc. Suito, Apr. #, etc. Suito, Apr. #, etc. Q4272007 ChgP CR2E034 (12/05) Zip Country Zip Country Sip Country Special of Status Device St. 75 Additional Principal	1. Entity Name						04-30-200	7 90414 048	3 ***1:	50.00	
Suito, Apt. #, etc. Suito, Apt. #, etc. Suito, Apt. #, etc. City & Stato City & City & Stato City & City & Stato City & City & City & Stato City & Cit	845 HANAU AVE NW		845 HANAU AVE NW						: [
City & State City & State City & City & State City & State City & City & City & State City & C	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Zop	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007	Chg-P	CR2E034	(12/06)		
TALEB, HAITHAM BAS HANAU AVE NW PALM BAY, FL 32907 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in a obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE OPS TILE NOWIII FEE IS \$150.000 P. Election Company Financing Frust Fund Controlation. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRE! AUDRES OTH'S 51.2P PALM BAY, FL 32907 Debite NILE NAME SIRE! AUDRES OTH'S 51.2P Debite SIRE! AUDRES OTH'S 51.2P Debite SIRE! AUDRES OTH'S 51.2P OTH'S 51.2P Debite SIRE! AUDRES SIRE! AUDRES SIRE! AUDRES OTH'S 51.2P Debite SIRE! AUDRES	City & State					 _ _ _ _ _ 					
TALEB, HAITHAM 845 HANAU AVE NW PALM BAY, FL 32907 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 obligations of registered agent. SIGNATURE Symant, tipsic or immediated agent. Symant, tipsic or immediated agent are size of 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 obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ITLE OBLIGATION Policy	Zip			Country		5. Certificate of Status Desired Fee Required					
TALEB, HAITHAM 845 HANAU AVE NW PALM BAY, FL 32907 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SYNATURE S		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Age	nt		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roide. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, together or protect name of registered agent agent and life if applications. I registered agent, or both, in the State of Roide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Roide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Roide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Roide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Roide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Roide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Roide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Roide. I am familiar with, and accept the property of the state of Roide. Signature together request when concept request were request-were request-	845 HANAU AVE NW										
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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, without effect like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date