2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2007 08:00 AN DOCUMENT # P04000025170 **Secretary of State** MICHAEL R. STORMS, JR., P.A. Principal Place of Business Mailing Address 4205 WINDING VINE CT. 4205 WINDING VINE CT. BRANDON, FL 33511 BRANDON, FL 33511 US CR2E034 (11/05) 01242007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0683963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STORMS, MICHAEL R JR. DO NOT WRITE 4205 WINDING VINE CT. BRANDON, FL 33511 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000638364 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 02/27/07-80028-008 150.00 OFFICERS AND DIRECTORS 10. TITLE STORMS, MICHAEL R JR. MAMP 4205 WINDING VINE CT. STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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 ito-key supplemental 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 addless, w th all-other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYP

2-12-01