2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

X 1/27/07 X727-481-3117

DOCUMENT # P04000031413 1. Entity Name KAREN LEONARD P.A.					Secretary of State
Principal Place of Business Mailing Address 177 SHORE DR 177 SHORE DR PALM HARBOR, FL 34683 PALM HARBOR, FL 34683					, south skull outill about bourn bounds lives had stack lives filled at fabr
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01192007 4. FEI Numb 20-075	
LEONARD, KAREN 177 SHORE DR PALM HARBOR, FL 34683			DO NOT WRITE IN THIS SPACE		
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 Signature, typed or privided name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			Cing \$5.00 May Be U08000609902 O2/01/07-80069-001 150.00		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P LEONARD, KAREN 177 SHORE DR PALM HARBOR, FL 34683	CTORS			NOT WRITE THIS SPACE
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 game appears in Block 10 or Block 11 if					