


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90033 001 \*\*\*150.00

<b>DOCUMENT # P04000042387</b>	
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<b>Principal Place of Business</b> 556-D NORTH HIGHWAY 27 CLERMONT, FL 34711	<b>Mailing Address</b> 556-D NORTH HIGHWAY 27 CLERMONT, FL 34711
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<b>2. Principal Place of Business - No P.O. Box #</b> 10349 Regal Dr.	<b>3. Mailing Address</b> P.O. Box 120508
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Clermont FL.	<b>City &amp; State</b> Clermont FL.
<b>Zip</b> 34711	<b>Zip</b> 34712-0508
<b>Country</b> LAKE	<b>Country</b> LAKE



01142008 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  LIDDELL, KEVIN 10349 REGAL DRIVE CLERMONT, FL 34711	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> <i>Kevin Liddell</i> <b>Kevin Liddell</b>	<b>DATE</b> 2/19/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <input type="checkbox"/> Delete	<b>NAME</b> LIDDELL, KEVIN	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10349 REGAL DRIVE	<b>CITY-ST-ZIP</b> CLERMONT, FL 34711	<b>NAME</b>	
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> LIDDELL, BARBARA	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 11020 OLEANDER DRIVE	<b>CITY-ST-ZIP</b> CLERMONT, FL 34711	<b>NAME</b>	
<b>TITLE</b> ST <input type="checkbox"/> Delete	<b>NAME</b> LIDDELL, KELLY	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 11020 OLEANDER DRIVE	<b>CITY-ST-ZIP</b> CLERMONT, FL 34711	<b>NAME</b> Liddell, Kelly	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b> WHEELER, Kelly	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b>	

**12. I hereby certify that the information supplied with this filing 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.**

<b>SIGNATURE:</b> <i>Kevin Liddell</i> <b>Kevin Liddell</b>	<b>DATE</b> 2/19/08	<b>Daytime Phone #</b> 321-229-2613
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

KEVIN LIDDELL