2007 FOR PROFIT CORPORATION

Feb 26, 2007 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P04000067297** DOMÍNIC O. FARIELLO, P.A. Mailing Address Principal Place of Business 1100 W. KENNEDY BLVD. 1100 W. KENNEDY BLVD. TAMPA, FL 33606 TAMPA, FL 33606 02082007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0186294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRACY, G. ANDREW DO NOT WRITE 826 BROADWAY DUNEDIN, FL 34698 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 DATE (NOTE Begistered Agent signature required when registating) #1000#10646633 #1037#16707~80040~008 #150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FARIELLO, DOMINIC O. NAME STREET ADDRESS 1100 W. KENNEDY BLVD. TAMPA, FL 33606 CITY ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NALVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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, with all other life empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIN TED JAME OF SIGHING OFFICER OR DIRECTOR

FILED