2007 FOR PROFIT CORPORATION **ANNUAL REPORT** SECRETARY OF STATE DOCUMENT # P04000077877 DIVISION OF CORPORATIONS 1. Entity Name JAN TIMNEY PA 97 SEP 20 PM 2: 27 Principal Place of Business Mailing Address 12555 NATURE VIEW CIR 12555 NATURE VIEW CIR BRADENTON, FL 34212 BRADENTON, FL 34212 CR2E034 (11/05) 07162007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1117809 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JIM GAY P.A. DO NOT WRITE 3984 MANATEE AVE EAST BRADENTON, FL 34208 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Elèction Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE TIMNEY, JAN S NAME STREET ADDRESS 4627 RUNABOUT WAY CITY-ST-ZIP BRADENTON, FL 34203 TITLE NAME STREET ADDRESS

800109716308 n9/2n/n7--n1n58--015 **150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. Thereby 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 path; that I am an officer or director of the corporation of 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 algorithment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNING OFFICER OF DIRECTOR