FILED Feb 26, 2007 8:00 am Secretary of State

	ANNUAL	 ATIO	N
		 ,	ı –

Pincipal Place of Business	1. Entity Name	ө	# P0400090	6629			02-26-2007	90068 010 ***15	50.00			
Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & State Chy & State Chy & State Applied For T-6-0750554 Applied For T-6-07505554 Applied For T-6-0750554 Applied For	2716 NE 14TH ST			PO BOX 1389								
Cory & State City & State City & State City & State A. FEI Number CACCUSTY CACCUSTY City Country CACCUSTY CACC	Principal Place of Business - No P.O. Box # 3. Mailing Address					<u> </u>						
Zip Country Zip Country S. Certificate of Status Desired \$8.15 Applicable \$8.15 Applicable \$8.15 Applicable \$8.15 Applicate \$9.15 Applicate \$9.1	Suite, Apt. #, etc.			Suite, Apt. #, etc.			02232007	Chg-P	CR2E034 (12/06))		
Second	City & State			City & State		_		 	-			
### WALKER, JOHN L 301 SHERWOOD AVE SATELLITE BEACH, FL 32937 #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) ##### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) ##### Street Address (P.O. Box Number is Not Acceptable) ##### Street Address (P.O. Box Number is Not Acceptable) ###### Street Address (P.O. Box Number is Not Acceptable) ###################################	Zip		Country	Zip	Countr		-	•	\$8.75 Ac	ditional		
STREET ADDRESS OF TS 12-PS SILVER SPRINGS, FL 344891389 Delete ITLE Dele		6. Name	and Address of Curren	t Registered Agent	i		7. Name and	Address of New R				
SATELLITE BEACH, FL 32937 City Occ (a FL 2020)						John Wellie						
City Ci	1											
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.	į)					City	6 /V	E 1972		de		
THE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees TILLE VALKER, MICHAEL W SIRET ADDESS OITY-S1-2P TILLE VP D BOX 1389 SIRET ADDESS OITY-S1-2P SILVER SPRINGS, FL 344891389 OITY-S1-2P TILLE Delete TILLE NAME SIRET ADDESS OITY-S1-2P TILLE Delete TILLE Delete TILLE NAME SIRET ADDESS OITY-S1-2P TILLE Delete Delete TILLE Delete TILLE Delete Delete TILLE Delete Delete TILLE Delete Delete TILLE Delete D	8. The above	named entit	y submits this statement	for the purpose of changing its	register		red agent, or bo	oth, in the State of Flo		14/76 n, and accept		
FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P WALKER, MICHAEL W SIRET ADDRESS CITY-51-2P CONLIN, MARTIN J SIRET ADDRESS CITY-51-2P Delate TITLE WALE SPRINGS, FL 344891389 CITY-51-2P Delate TITLE CONLIN, MARTIN J Delate TITLE WALE SPRINGS, FL 344891389 CITY-51-2P Delate TITLE WALE SPRINGS SPRINGS, FL 344891389 CITY-51-2P Delate TITLE WALE SPRINGS SPRING				///	-	-	-			·		
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P	SIGNATURE_	Signature, typed	or printed name of registered ages	nt and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE			
TITLE NAME WALKER, MICHAEL W NAME SIREIT ADDRESS CITY-ST-ZP CITY-S	FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
NAME SIREET ADDRESS OLIV-ST-2P SILVER SPRINGS, FL 344891389 SILVER SPRINGS	10.		OFFICERS AN	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF				
CITY-ST-ZIP SILVER SPRINGS, FL 344891389 CITY-ST-ZIP CONLIN, MARTIN J SIREE ADDRESS CITY-ST-ZIP TITLE PO Belate TITLE NAME SIREE ADDRESS CITY-ST-ZIP TITLE NAME SIREE ADDRESS CITY		Delete							☐ Change	Addition		
TITLE VP Delete TITLE NAME CONLIN, MARTIN J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	1	ł		280		1						
STREET ADDRESS CITY-ST-ZIP SILVER SPRINGS, FL 344891389 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM			SFR11403, FL 344691		-				☐ Change	Addition		
CITY-ST-ZIP SILVER SPRINGS, FL 344891389 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY	_	1				-						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME		l		389								
SIREET ADDRESS CITY-ST-ZIP IIILE NAME SIREET ADDRESS CIT				☐ Delete		· I		<u></u>	☐ Change	Addition		
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Add)			1	1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO change Addition Ad				□ Polote					Change	- Addition		
CITY-ST-ZIP CITY-ST-ZIP	NAME			L Delete	NAM	AE			Change	C) Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME 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 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.												
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.				☐ Delete					☐ Change	Addition		
INTLE NAME STREET ADDRESS CITY-ST-ZIP 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.	STREET ADDRESS				STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP 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.				Delete	_				Change	Addition		
CITY-ST-ZIP 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.												
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.	1											
7 1 9/11 1 2 2 3 3 3 3 3 7 9 17 6 1 7 7 7 7	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 chapter 607, or an attachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Daytorie Priore												