## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

ANNUAL REPURT					Secretary of State			
1. Entity Nam	MENT # P040001 <sup>2</sup>	17267			L	occicia	ry or Stat	
Principal Plac 116 HARRISI LAKE WALES	ON STREET	Mailing Address PO BOX 214 BABSON PARK, FL	33827		88117-81171   181117   18711   18110)	##	 	
	O NOT WRIT	EIN TUIC	SDACE	04202007	No Chg-P	CR2E034 (11/		
L	O NOT WRIT	EIIN I FIIO	SPACE	4. FEI Numbe 20-158			Applied For Not Applicable	
					of Status Desired	□ \$8.75 Fee Red	Additional quired	
	6. Name and Address of Curre	nt Registered Agent		, , ; ;		•		
116 HARR	RICHARD L ISON STREET LES, FL 33859		The state of the s	7 T T	NOT WE THIS SPA	7 T		
	named entity submits this statementions of registered agent.	t for the purpose of changing	its registered office or re	gistered agent, or bot	h, in the State of Floric	ta. I am familiar v	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable (I	NOTE: Registered Agent signature re	equired when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55		npaign Financing ontribution.	\$5.00 May Be Added to Fees				
10.		ND DIRECTORS		- No. 12			1955 - 1 H/S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTAIN, RICHARD L 116 HARRISON STREET LAKE WALES, FL 33859					000007461	20.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1. (USA 16)	/07-8005	7=007 (150, 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE			
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPA	ACE	The second secon	
TITLE NAME STREET ADDRESS								

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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

VCACAC L. JANEUN BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR 1/27/07

Daytime Phone #