## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 8:00 am Secretary of State

Principal Place of Business   305 CRYSTAL POND AVE   305 CRYSTAL POND AVE   DELAND, FL 32720 US   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4242007   ChgP   CR2E034 (12/06)   Replicable   City & State   City & State   Country   Zip   Country   S. Certificate of Slotus Desired   Applicable   Fee Replicable   Fee Repide   Fee Replicable   Fee Replicable   Fee Replicable   Fee Rep	DOCUMENT # P04000124463  1. Entity Name TODD HAGUE, P.A.						04-27-2007 9	·	***150	).00
2. Principal Pace of Business - No P O. Box # 3. Melling Address   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   O4242007   ChgP   CR2E034 (12/06)   City & State   Cay & State   4. Fit Number   Applied For Country   2p   Country   5. Certificate of Status Desired   \$8.75 Addisonal For Requisitor   B. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   For Requisitor   City   FL   Zip Code   B. The above named/aptry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorids   Tam formillar with, and accept the April Apri	Principal Place of Pusinger					4008	17134			
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4242007   ChgP   CR2E034 (12/08)    City & State   Criy & State   20-1559659   Rapplied for Post Post Post Post Post Post Post Post										
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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 contained in supplied with this time and that my signature shall have the same legal effect as if made under path; that I am an officer or director.	12. I hereby	certify that the information supplied w	th this filing does not qualify for	or the exemption	ns containe	ed in Chapter 119	, Florida Statutes, i	further certify	that the i	nformation

12. I hereby certify that the information supplied with Inis, lifting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplied entering the port is trueland 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 trusteel empowered the 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 an address, with all other life empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/07

Daytime Phone if