## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



FILED Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90077 019 \*\*\*150.00

Principal Place of Business   Mailing Address   2505 CHESTERFIELD DRIVE   FORT PIERCE, FL 34982    2. Principal Place of Business - No P.O. Box #   3. Mailing Address   3. Mailing Address   2505 CHESTERFIELD DRIVE   FORT PIERCE, FL 34982    2. Principal Place of Business - No P.O. Box #   3. Mailing Address   01262007   Chg-P   CR2E034 (12/06)    Suite, Apt. #, etc.   Suite, Apt. #, etc.   01262007   Chg-P   CR2E034 (12/06)    City & State   City & State   4. FEI Number   20-1623299   Not Applicable   Not Applicable   Res Required   Res Req
FORT PIERCE, FL 34982  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.
Suite, Apt. #, etc.  City & State  City & State  City & State  Cuntry  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  O'HEARN, JAMES J  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Signature, troud or printed name of registered agent and take if applicable.  (NOTE Registered Agers signature required when remaining)  DATE  FILE NOWITI FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Prints Fund Contribution.  DEFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIEL  DST  Defice  KHALIPHA, HOLLY J  STREET ADDRESS  CITY-SI-ZIP  FORT PIERCE, FL 34982  CITY-SI-ZIP  FORT PIERCE, FL 34982
City & State  Country  Country  Country  Country  S. Certificate of Status Desired   \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  O'HEARN, JAMES J 2466 NE 177H COURT  JENSEN BEACH, FL 34957  City  FL Zip Code  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.  Signature topic or prised name of registered agent and title if applicable.  (NOTE Registered Agens separature required name removable)  Pille NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Pilletion Campaign Financing   \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DST   Delete NAME KHALIPHA, HOLLY J  STREET ADDRESS CITY ST-ZP FORT PIERCE, FL 34982
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  O'HEARN, JAMES J 2466 NE 17TH COURT JENSEN BEACH, FL 34957  City FL Zip Code  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  Signature, these or printed name of registered agent and table if applicable. (NOTE Registered Agent agrature required when rentatating)  PillE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME KHALIPHA, HOLLY J SIREET ADDRESS CITY-ST-2P FORT PIERCE, FL 34982  CITY-ST-2P  PORT PIERCE, FL 34982  INITIAL TRUE TO THE TO T
6. Name and Address of Current Registered Agent  O'HEARN, JAMES J 2466 NE 17TH COURT JENSEN BEACH, FL 34957  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Invend or preted name of registered agent and side if applicable.  Note: Registered Agent signature required when rentations)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME KHALIPHA, HOLLY J  NAME SIREET ADDRESS CITY-SI-ZIP  CITY-SI-ZIP  STREET ADDRESS CITY-SI-ZIP  STREET ADDRESS CITY-SI-ZIP  STREET ADDRESS CITY-SI-ZIP
Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Signature  Signature, howed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  35.00 May Be Added to Fees  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME KHALIPHA, HOLLY J  STREET ADDRESS CITY-SI-ZIP FORT PIERCE, FL 34982  CITY-SI-ZIP  CITY-SI-ZIP  Name  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)
City  City  FL  Zip Code  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  Signature, hood or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating)  DATE  FILE NOWILI FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DST KHALIPHA, HOLLY J SIRET ADDRESS CITY-SI-ZIP FORT PIERCE, FL 34982  CITY-SI-ZIP  CRUTHER Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  ITILE Street Address (P.O. Box Number is Not Acceptable)  Title  Address (P.O. Box Number is Not Acceptable)
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Signature:
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DST NAME KHALIPHA, HOLLY J STREET ADDRESS CITY-SI-ZIP  FORT PIERCE, FL 34982  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP
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the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  FILE NOWIS! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DST NAME KHALIPHA, HOLLY J STREET ADDRESS CITY-SI-ZIP FORT PIERCE, FL 34982  CITY-SI-ZIP  DEVALUATE TO THE CONTRIBUTE TO THE CONTRIBUTE TO THE CHARGES TO THE CHA
FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10.  OFFICERS AND DIRECTORS  ITILE NAME KHALIPHA, HOLLY J STREET ADDRESS CITY-SI-ZIP  FORT PIERCE, FL 34982  (NOTE Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  45.00 May Be Added to Fees  \$5.00 May Be Added to Fees  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS CITY-SI-ZIP  OFFICERS AND DIRECTORS IN 11  Change Addition NAME STREET ADDRESS CITY-SI-ZIP
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 DST Delete TITLE  NAME KHALIPHA, HOLLY J  STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34982  CITY-ST-ZIP  Added to Fees
ITILE DST Delete TITLE Change Addition  NAME KHALIPHA, HOLLY J NAME  STREET ADDRESS CITY-S1-ZIP FORT PIERCE, FL 34982 CITY-S1-ZIP
NAME KHALIPHA, HOLLY J NAME STREET ADDRESS CITY-S1-ZIP FORT PIERCE, FL 34982 CITY-S1-ZIP
CITY-S1-ZIP FORT PIERCE, FL 34982 CITY-S1-ZIP
THE DP Delete THE
NAME KHALIPHA, JOSEPH G STREET ADDRESS 2505 CHESTERFIELD DRIVE STREET ADDRESS
CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP
TITLE Delete TITLE Change Addition
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STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP  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

with an address, with all other like empowered. of the corporation or the received changed, or on an attachment

Secre Yeary Name of Signing Officer on Director

(272) 340680Y

J Kholipha