## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 08:00 AM Secretary of State

20-1737421 No.  \$8.75 Add Fee Require  6. Name and Address of Current Registered Agent  DENNIS P. FLYNN, CPA, PA 3898 VIA POINCIANA 13 LAKE WORTH, FL 33467  B. 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, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remissabing)  P. Election Campaign Financing Trust Fund Contribution.  DATE  10. OFFICERS AND DIRECTORS	ary of Stau	Secretary of S		4	NT # P04000141374	1. Entity Name
DO NOT WRITE IN THIS SPACE  4. FEI Number 20-1737421			3	828 WITCH LANE	41	4828 WITCH LANE
DO NOT WRITE IN THIS SPACE  4. FEI Number 20-1737421 No. No. No. Name and Address of Gurrent Registered Agent  5. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired No. Name and Address of Gurrent Registered Agent  DENNIS P. FLYNN, CPA, PA 3898 VIA POINCIANA  13 LAKE WORTH, FL 33467  DO NOT WRITE 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, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remistating)  P. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  \$11/30/07-80050-020 150		- -		en a de la companya d	, 1	
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DENNIS P. FLYNN, CPA, PA 3898 VIA POINCIANA 13 LAKE WORTH, FL 33467  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 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)  Parts  FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  DATE  \$5.00 May Be Added to Fees 01/30/07-800060-020 150	Fee Required	5. Certificate of Status Desired Fee Required		ared Agent	Name and Address of Current Boolet	
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MLE P				9. Election Campaign Finar	OWIII FEE IS \$150.00	FILE NO
NAME SIREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461  TITLE NAME TAYLOR, SANDRA M STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461  TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461  TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE		DO NOT WRITE		CTORS	/LOR, DAVID R 8 WITCH LANE (E WORTH, FL 33461 /LOR, SANDRA M 8 WITCH LANE	TITLE P TAY SIREET ADDRESS 4826 CITY-ST-ZIP LAK TITLE T TAY STREET ADDRESS 4826 CITY-ST-ZIP LAK TITLE LAK TITLE TAY STREET ADDRESS LAK TITLE LAK TITLE 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 cath; 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.

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STREET ADDRESS CITY-SI-ZIP

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SANDRA TAYLOR

1-19-07 561-596-088

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