2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM DOCUMENT # P04000142469 Secretary of State STEVE BUZARD, INC. Principal Place of Business Mailing Address 1855 CENTER ST - UNIT 22 1855 CENTER ST - UNIT 22 JUPITER, FL 33458 JUPITER, FL 33458 01112007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2487221 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CROWELL, BETH CPA DO NOT WRITE 609 N HEPBURN AVE JUPITER, FL 33458 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, 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME BUZARD, STEPHEN R U00000590337 01/18/07-80052-007 150.00 STREET ADDRESS 1855 CENTER ST - UNIT 22 CITY-ST-ZIP JUPITER, FL 33458 NAME STREET ADDRESS CITY-S1-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS

SIGNA DERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15/07

511-746-5125