2007 FOR PROFIT CORPORATION

FILED Apr 16, 2007 8:00 am

DOCUMENT # P04000154573	ANNUAL REPURT					Secretary of State					
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City & State Cry & State Country Country State A1-2156735 A2-2156735 A2-21567	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Alt-2156735 Non-Applicable	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112007	Chg-P	CR2E034	1 (12/06)		
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RUECKERT, DAVID 18860 LOXAHATCHEE RIVER DR JUPITER, FL 33458 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	Zip Country		Zíp	Country		5. Certificate of	f Status Desired				
RUECKERT, DAVID 18860 LOXAHATCHEE RIVER DR JUPITER, FL 33458 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types of binief nerve of ingestered agent and Ne il abolicable. NOTE Repostered Agent signature required when nomissing) PLECTION Committed in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar	Name and Address of Current Registered Agent					7. Name and	ddress of New	Registered Ag	rent		
City FL Zip Code	RUECKERT, DAVID										
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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or princed name of registered agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MOTE: Registered Agent segnature required agent and lite ill applicable. (MAGE Added to Fees (MAGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (MAGE STREET ADDRESS CITY-ST-2P (MAGE ADDRESS CITY-ST-2P				Street	Street Address (P.O. Box Number is Not Acceptable)						
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, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed rained of registered agent and lite if applicable. PART May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STR	,					,-	<u>.</u>			<u> </u>	
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SIGNATURE Signature, typed of printed name of required agent and life if applicable. (MOTE: Registered Agent signature required when renalizancy) DATE											
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees \$5.0											
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 ITILE DRUNCKERT, DAVID 18860 LOXAHATCHEE RYNA RD Delete TITLE RAWE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ITILE Delete TITLE Delete TITLE CITY-ST-ZIP ITILE Delete TITLE Delete TITLE CITY-ST-ZIP ITILE Delete TITLE Delete TITLE TI	SIGNATORES	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent sign	nature required	when reinstating)		DATE			
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The boy cently that the mountaion supplied with this liting does not quality 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #