## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 08:00 AM Secretary of State

| ANNUAL REPORT  |  |  |             | Apr 26, 2007 08:00   |   |  |
|--|--|--|-------------|--|---|--|
| 1. Entity Nam  | MENT # P04000155   |  |             |  | Secretary of Star                         |  |
| 915 SILVER   | ce of Business<br>PALM WAY<br>ACH, FL 33572 US                                 | Mailing Address<br>915 SILVER PALM WAY<br>APOLLO BEACH, FL 33572 | US          |  |   |  |
| DO NOT WRITE IN THIS SPA   |  |  | CE          | 04232007         No Chg-P         CR2E034 (11/05)           4. FEI Number<br>04-3807802         Applied For<br>Not Applicable           5. Certificate of Status Desired         \$8.75 Additional<br>Fee Required |   |  |
| 6. Name and Address of Current Registered Agent  DAVIS, EDWIN D JR.  915 SILVER PALM WAY  APOLLO BEACH, FL 33572   |  |  |             |  | NOT WRITE<br>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 |  |  |             |  |   |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution  |  |  | incing \$5. | .00 May Be<br>ed to Fees   |   |  |
| 10. , , IIILE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND D P DAVIS, EDWIN D JR. 915 SILVER PALM WAY APOLLO BEACH, FL 33572 | IRECTORS   |             |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | -           |  | NOT WRITE<br>THIS SPACE                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |             |  | U00000732883<br>05/09/07-80063-016 150.00 |  |

12. Thereby 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 this empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

SIREEI ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9

Daytime Phone #