


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166554 1. Entity Name LISA VILLAR, P.A.	
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FILED
07 SEP 17 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2372 SE DELANO ROAD PORT ST. LUCIE, FL 34952 US	Mailing Address 2372 SE DELANO ROAD PORT ST. LUCIE, FL 34952 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09112007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2000566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VILLAR, LISA
~~2662 SE GARTHAGE ROAD~~
~~PORT ST. LUCIE, FL 34952~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1023 CATALINA WAY
 City PALM CITY FL Zip Code 34990

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete	NAME VILLAR, LISA
STREET ADDRESS	2372 SE DELANO ROAD	CITY-ST-ZIP PORT ST. LUCIE, FL 34952
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP

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: Lisa Villar 9/13/07 (772) 201-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LISA VILLAR
PRESIDENT