2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000171141

1. Entity Name



FILED May 02, 2008 8:00 am Secretary of State

						05-02-2008 9	90158 017 *	**150.00	1	
205 WORTH AVENUE SUITE 303		Mailing Address 205 WORTH AVENUE SUITE 303 PLAM BEACH, FL 33480 US			1 4 0 0 11 0 0 1 11 1	Bājā biri prik begil	77	FI ! T 1	MARK IL IRBI	
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			04302008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State	City & State		4. FEI Numbe 20-205			<u> </u>	plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of Nev	v Registered A	gent		
			Name							
PHILIPPE J 205 WORTH			Street A	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 303	TAVENOE			•						
PALM BEAG	CH, FL 33480									
			City				FL	Zip Cod	e	
	named entity submits this statement for ons of registered agent.	the purpose of changing its r	egistered office o	r registere	ed agent, or bo	th, in the State of	Florida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent in	rid title if applicable (NOTE:	Registered Agent signat	ute required	when reinstating)		DATE		·····	
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		9. Election Campaig	:	A	ا مم					
After Ma	: NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550.0			\$5.6 Adde	00 May Be ed to Fees					
After Ma	E NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550.0 OFFICERS AND	Trust Fund Contri		Adde	ADDITIONS	CHANGES TO C	FFICERS AND	DIRECTOR	S IN 11	
After Ma	y 1, 2008 Fee will be \$550.0 OFFICERS AND	Trust Fund Contri	bution, 11. TITLE	Adde	ADDITIONS			DIRECTOR:	S IN 11	
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10. HILE NAME STREET ADDRESS	OFFICERS AND	Trust Fund Contri	TITLE NAME STREET ADDRESS	DP 7 RAP 205	ADDITIONS	CQUES AVE, SO	מניב ארני	© Change		
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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 like empowered.

SIGNATURE:	Philips 1	Brian	PHILIPPE J BRIAN	04/30/08	5612144445
	SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Davtime Proce #