2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90241 013 ***150.00

Signature Sign	1. Entity Nam	MENT # P04000172			05-01-2008	90241 01	.3 ***15	50.00			
Surie, Apl. #, etc. Suite, Apl. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and acceptable of the purpose of changing its registered office or regist	165 36TH CT		165 36TH CT								
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6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent CHAPMAN, DONALD W 165 36TH CT VERO BEACH, FL 32968 City City FL Zip Code City FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Flift FL Change Add Add City Si-Zip Change Add Add Add City Si-Zip Change Add Add Add City Si-Zip Change Add Add Add Change Add Chang	City & State	Ө	City & State					<u> </u>	oplied For of Applicable		
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CHAPMAN, DONALD W 165 36TH CT SIGNATURE CHAPMAN, DONALD W 165 36TH CT SIREE ADDRESS S		6. Name and Address of Current	Registered Agent		Nama	7. Name and	d Address of New F	Registered A	gent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable of registered agent. SIGNATURE Signature, typed or printed name of registered agent and side 4 applicable. (NOTE Registered Agent synature required when remaitancy) After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P	CHARMAN	I DONALD W			Name 						
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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	12. I hereby o	certify that the information supplied with	h this filing does not qualify fo	or the exe	emptions contained	d in Chapter 11	9, Florida Statutes.	I further certil	y that the ir	nformation	
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 direct 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	of the cor	poration or the receiver or trustee emp	lowered to execute this report	as requi	ture shall have the red by Chapter 60:	same legal effe 7, Florida Statut	ct as it made under es; and that my nam	oath; that I ar ne appears in	n an officer Block 10 or	or director r Block 11 if	
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