2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 08:00 Al Secretary of State

ANNUAL REPORT				C C C			
1. Entity Nam	MENT # P050000064	171			Sec	eretary of Sta	
8167 SAND	ce of Business ALWOOD CT N, FL 33433 US	Mailing Address 8167 SANDALWOOD CT BOCA RATON, FL 33433	JS] 	BUN 90W 80W 60W 10W	6613 (1484 6161) 1686) 17	
DO NOT WRITE IN THIS SPACE			CE	01252008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable			
,			•	5. Certificate of St	atus Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING INC 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435			DO NOT WRITE IN THIS SPACE				
the obligat	e named entity submits this statement for ti tions of registered agent. Signature, typed or printed name of registered agent and		ed Agent signature required) am familiar with, and accept	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution		ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARENA, DENNIS 8167 SANDALWOOD CT BOCA RATON, FL 33433	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				03	U00000847 3/19/08-800	157 09-002 150.00	
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CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		, e.	

12. I hereby certify that the information supplied with this filing gioes 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 fact 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 trubisee empowered bytexpute this yeapen 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 any address, with all chapter in the empowered.

SIGNATURE:

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08

561-239 8/37

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