2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2007 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired		04/ ***1	04-30-2007 90434	O4						T # P0500 LD & ASSOC	ne	1. Entity Name
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Country Country Zip Country Zip Country Street Address of Country Street Address of Status Desired Apart Name MORLON, PETER Y 4432 GREENFIELD AVE SARASOTA, FL 34233 City FL Zip Code A. The above named entity submits this statement for the purpose of changing its registered adject, or both, in the State of Florida. I am familiar with, ar the obligations of registered agent. SIGNATURE Speakes, treed or screed remort of inguisered species less a spinstable (MCIE Reprisees Agent spinsters inquired who innovating) OME FILE NOWITH FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Process AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREI ADDRESS OITY-SI-ZP SARASOTA, FL 34233 OITY-SI-ZP Change Country SARASOTA, FL 34233 OITY-SI-ZP Change Change Country SARASOTA, FL 34233 OITY-SI-ZP Change Change Country SARASOTA, FL 34233 OITY-SI-ZP Change Change							IFIELD AVE	4432 GREENFI	4	Ε	VFIELD AVE	4432 GREEN
City & State Country Coun							ress	. Mailing Addres	30x # 3.	siness - No P.O. Bo	Place of Busin	. Principal Pla
City & State City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Addtis Fee Required C. Harms and Address of Gurrant Registered Agans Name		34 (12/DA)	Cha-P CR2En	7 Ch	03152007		, etc.	Suite, Apt. #, e			. #, etc.	Suite, Apt.
Country Country Country Step Country Step Country Step Country Country Step Country Step Country Country Step Country Step Required 7. Name and Address of New Registered Agent The Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number	lied For) Ani		nher	4. FEI Numb			City & State	-		te	City & State
AC. Name and Address of Surrant Registered Agent 7. Name and Address of New Registered Agent 1. Name MORLON, PETER Y 4432 GREENFIELD AVE SARASOTA, FL 34233 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, are the obligations of registered agent. SIGNATURE Sopature, typed or occess name of impaired agent and last a spricebb (NOTE Reposeed Agent sopature inquired show mostating) OFFICE IS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IN INTERPORT AGENT SOCIETY STATE IN INTERPORT AGENT A	Applicational	\$8.75 Addi	Status Desired		T	itry	Cour	Zip		Country		Zip
MORLON, PETER Y 4432 GREENFIELD AVE SARASOTA, FL 34233 City FL Zip Code City FL Zi		<u> </u>			<u> </u>		1	letered Agent -	of Current Regis	ne and Address of	CName	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						Name				·	DETED \	MORLON
E. 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 the obligations of registered agent. SIGNATURE Signature, Tiped or pured name of inquamed agent and lide if applicable (INCIE Represend Agent agent in named when ministring) Quite		O. Box Number is Not Acceptable)			P.O. Box Numb	Street Address				D AVE	ENFIELD	4432 GREE
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, an the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. NAME MORLON, PETER Y MANE MORLON, PETER Y SARASOTA, FL 34233 SIREI ADDRESS CITY-ST-ZIP MORLON, BARBARA P SIREI ADDRESS SIREI ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP SARASOTA, FL 34233 SIREI ADDRESS CITY-ST-ZIP Change				-						4233	IA, FL 34.	SARASOI
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 the obligations of registered agent. SIGNATURE Specific Interest agent. SIGNATURE Specific Interest agent. Signature. Typed or pureton name of registered agent and isten a spokeable (MOIE Represend Apent segment interest inte		Zip Code	FL			City						
Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I ITILE P Delete Delete DIFFER Y MAME MORLON, PETER Y 4432 GREENFIELD AVE SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 OTF-ST-ZIP ITILE VP Delete Delete DIFFER MAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 OTF-ST-ZIP ITILE NAME MORLON, BARBARA P SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 OTF-ST-ZIP ITILE NAME SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 OTF-ST-ZIP ITILE NAME SIREET ADDRESS CITY-ST-ZIP ORDERSS CITY-ST-ZIP ORDERS CITY-			OAIE		d when reinstating)	d Agent signature (Aqua	(NOTE Registers	eldacinqe n ali	gatived agent and tick	ped or primed name of Regi	Signature, types	SIGNATURE
INILE NAME NAME NORLON, PETER Y A432 GREENFIELD AVE SARASOTA, FL 34233 INILE NAME SIREET ADDRESS CITY-ST-ZIP INILE INILE INILE NAME SIREET ADDRESS CITY-ST-ZIP INILE					.00 May Be ded to Fees	ncing \$!						
MARE MORLON, PETER Y 4432 GREENFIELD AVE SIREET ADDRESS CITY-ST-ZIP TITLE VP Delete MARE SIREET ADDRESS CITY-ST-ZIP TITLE MORLON, BARBARA P SIREET ADDRESS CITY-ST-ZIP TITLE MORLON, BARBARA P SIREET ADDRESS CITY-ST-ZIP TITLE MARE SIREET ADDRESS CITY-ST-ZIP			HANGES TO OFFICERS AND	S/CHANG	ADOITIONS				CERS AND DIRE	OFFIC		
SIRET ADDRESS CITY-ST-ZIP INLE VP MORLON, BARBARA P SIRET ADDRESS CITY-ST-ZIP INLE NAME SIRET ADDRESS CITY-ST-ZIP INLE INLE INLE INLE INLE INLE INLE IN	☐ Additio	Change				1		Li De		N. PETER Y	T	· ·
INTLE NAME NAME SIREET ADDRESS CITY-ST-ZIP INTLE NAME SIREET ADDRESS CITY-ST-ZIP INTLE NAME SIREET ADDRESS CITY-ST-ZIP INTLE NAME SIREET ADDRESS CITY-ST-ZIP INTLE Change Change												
NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP Change NAME NAME SIREET ADDRESS CITY-ST-ZIP URLE NAME SIREET ADDRESS CITY-ST-ZIP URLE Change Change	Addition	Change						0 %	,	OTA, FL 34233		
CITY-S1-ZIP SARASOTA, FL 34233						IE	NAN	_ ~				
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP URLE Delete BITLE Change												
STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Change Chan	☐ Additk	Change				E	Delete IIIt	□ 0e	·		1	IIIFE
CHY-S1-ZIP							•				.	
						- 1	•				<u></u>	
NAME (Additi	☐ Change						□ De				
STREET ADDRESS STREET ADDRESS						I					s	
CHY-ST-ZIP CHY-ST-ZIP											ļ	CITY-ST-ZIP
TILE Delete TITLE Change NAME	Addition Addition	☐ Change				i i		□ De				
STREET ADDRESS STREET ADDRESS						FET ADDRESS	STR				5	
City-st-zip City-st-zip						———					 	
TITLE Delete TITLE Change NAME	Additi	C 06				۱ ا		⊔ De			1	INLE
STREET ADDRESS CITY OF THE		Change				AE	HAN				[NAME
CITY-S1-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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.		☐ Change				EET ADORESS	Sia				s	STREET ADDRESS