## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

## FILED Apr 23, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P05000007			04-23-2007 !	90255 028 ***150	0.00		
Principal Place of Business 6701 MALLARDS COVE ROAD APT 9-H JUPITER, FL 33458  Mailing Address 6701 MALLARDS COVE ROAD APT JUPITER, FL 33458				40077097				
2, Principal F 645 8 Suite, Apt.	lace of Business - No PO Box # Chase wood De #, etc		04172007 Chg-P CR2E034 (12/06)					
State Circs State  TUDITER FIA				4. FEI Number 20-21746			plied For t Applicable	
33458 Country OSA		Zıp	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current R	Name	7. Name and Address of New Registered Agent Name					
POLLINGUE, EUGENE F 11780 US HWY ONE SUITE 300			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
N PALM B	EACH, FL 33408							
	<u></u>	City			FL Zip Code			
	named entity submits this statement for itoms of registered agent (1) in the control of the cont		egistered office or registered. Registered Agent signature textuin		in the State of Flo	rida - Lam familiar with, .	and accept	
FIL After M	ENOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		5.00 May Be ded to Fees				
10: .	OFFICERS AND E	11,	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP+N	SEPULVEDA, DANIEL	AME SMEST ADDREST LIFY STIZP			☐ Change	Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ACDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS City-St-ZIP			SZREST ACORESS CORY - ST. ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delate	THE NAME TREET ADDRESS OUT STIZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TOLE MAME STREET ADDRESS LIFY STIZIP			☐ Change	Addition	
TITLE NAME STREEF ADDRESS GITY ST-ZIP		☐ Delate	HILD NAME STREET ADDRESS TUTY ISTI ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is protation or the receiver or trustee empore, or on an attachment with an address, we	true and accurate and that my wered to execute this report a	signature shall have the	e same legal effect a	as if made under d	oath, that Lam an officer.	or director	