2008 FOR PROFIT CORPORATION

FILED Apr 18, 2008 8:00 am

STREET ADDRESS CITY_ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY_ST-ZP TITLE NAME STREET ADDRESS	ANNUAL REPORT							Secretary of State				
Application of processing and process and	1. Entity Nam					04-18-2008	900 3 7 04	0 ***150	0.00			
2207 AVERDA AVE FT PIERCE, FL 34946 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	Principal Plac	e of Business	ess			401	1/1911					
Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Size Country Size Country CARSON-SMITH, BRIDGETTE 2307 AVIENDA AVE FT PIERCE, FL 34946 City FL 2p Code Sired: Address (P.O. Box Number is Not Acceptable) Fig. 2p Code For Required For Red Address of Current For Required	2307 AVIENDA AVE			2307 AVIENDA AVE				I 88781 87191 88111 88111 8	11: 40: 11: 11: 11: 11: 11: 11: 11: 11: 11: 1	IET BREE MIBI ME) 	
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S. Karne and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Nox Acceptable) Fig. Zip Code 6. The above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation	City & State											
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature however agents required who registered agent and one if acceptable. FILE NOWITI FEE IS \$150,00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS 11. THE CARSON-SMITH, BRIDGETTE WAVE COPYSI-2P CITY-SI-2P	6. Name and Address of Current Registered Agent					Name		7. Name and	Address of New I	Registered A	vgent +	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. Tam familiar with, and accept the obligations of registered agent. Signature, highest or preted name of registered agent and title if acceptable. Port Engagement Agent soylable required Agent soylable requir	2307 AVIE	NDA AVE			Street A			s (P.O. Box Number is Not Acceptable)				
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