2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034801

FILED Apr 29, 2007 Secretary of State

| New Principal Place of Business: | |
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| 682 BROOKHAVEN WAY | |
| NICEVILLE, FL 32578 | |
| New Mailing Address: | |
| 682 BROOKHAVEN WAY | |
| NICEVILLE, FL 32578 | |
| umber Not Applicable () Certificate of Status Desired () | |
| Name and Address of New Registered Agent: | |
| THOMAS, NOLA D | |
| 682 BROOKHAVEN WAY NICEVILLE, FL 32578 US | |
| 04/29/2007 Date | |
| Bate | |
| | |
| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: P (X) Change () Addition | |
| Name: CURRIE, MYRON N Address: 220 ROBIN ROAD | |
| City-St-Zip: HORSEHEADS, NY 14845 | |
| Title: V () Change (X) Addition | |
| Name: JONES, TRAVIS L | |
| Address: 116-B MONTROSE DRIVE City-St-Zip: NICEVILLE, FL 32578 | |
| | |
| Title: S () Change (X) Addition Name: THOMAS, NOLA D | |
| Name: THOMAS, NOLA D Address: 682 BROOKHAVEN WAY | |
| City-St-Zip: NICEVILLE FL 32578 | |
| | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON N. CURRIE P 04/29/2007