2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 11, 2007 08:00 AM Secretary of State

	ANNUAL	REPORT			S.P.	ecretary of Sta
1. Entity Nan	MENT # P050000598	49			· St	scretary of Sta
6665 ELECT		Mailing Address 6665 ELECTRA AVENUE NORTH PORT, FL 34287 U	is	**************************************		
y-	SO NOT WOITE	or	07242007 No Chg-P CR2E034 (11/05)			
L	OO NOT WRITE I	UE .	4. FEI Number Applied For 20-2719321 Not Applicable			
					······································	\$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent			· · · · · · · · · · · · · · · · · · ·	
SEITZ, ANDREA C 6665 ELECTRA AVENUE NORTH PORT, FL 34287			DO NOT WRITE IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the tions of registered agent	purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Florida	. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and th	ANTE Posto	-	and the same of the same		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finar Trust Fund Contribution.			scing \$5.			
10.	OFFICERS AND DIRE	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEITZ, ANDREA C 6665 ELECTRA AVENUE NORTH PORT, FL 34287				linno n n	73650
NAME STREET ADDRESS CITY-ST-ZIP					09/11/07-6	73650 80001-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE
INTLE NAME STREET ADDRESS CHY-ST-ZIP				IN .	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
TIFLE NAME		, , , , , , , , , , , , , , , , , , ,			•	

12. I hereby certify that the information supplied with this filling does 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 accurate 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 trustee empowered to execute this report 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 all address, with all other like empowered.

SIGNATURE: 4

STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea C. Seitz

09/07/07

(941) 423+357

Daylima Phone #