2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 08:00 AM Secretary of State

DOCUMENT # P05000088529 1. Entity Name BEVERLY L. BRENNAN, P.A.					Se	ecretary	y of Sta
Principal Place 2500 AIRPOI STE 306 NAPLES, FL	RT RD	Mailing Address 2500 AIRPORT RD STE 306 NAPLES, FL 34112					
DO NOT WRITE IN THIS SPA			CE	02272008 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE, FL 33311			DO NOT WRITE IN THIS SPACE				
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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent agrature required when rematating) DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees	U09000 04/01/08-	858495 80046-023	150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR DPST BRENNAN, BEVERLY L 2500 AIRPORT STE 306 NAPLES, FL 34112	ECTORS	-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DO NOT WRITE IN THIS SPACE				

12. I hereby certify that the information supplied with his filing 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 frue 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 of director of the receiver of directors. I further certify that I am an officer or director of the corporation or the receiver of directors are considered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

739-434-414

Date