2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 08:00 A Secretary of State

	ANNUAL	Secretary of Sta			
DOCUMENT # P05000106669				50	ceretary or Sta
1. Entity Name	& ASSOCIATES II, INC.				
FOWERS	a Associatins II, INC.				
			C TIP		
Principal Place		Mailing Address			
204 FICUS ST CELEBRATION		204 FICUS ST CELEBRATION, FL 34747			,
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· Walter Charles					
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DO NOT WRITE IN THIS SPAC				02272007 No Chg-P	CR2E034 (11/05)
			CE	4. FEI Number	Applied For
				51-0551250	Not Applicable \$8.75 Additional
				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current R	egistered Agent			
POWERS,	LANCE			DO NOT W	DITE
204 FICUS ST CELEBRATION, FL 34747				The second of the second of the second	是2000 100 100 100 100 100 100 100 100 100
				IN THIS SP	ACE
	•				
8. The above	named entity submits this statement for	the purpose of changing its registe	red office or register	red agent, or both, in the State of Fic	orlda. I am familiar with, and accept
the obligat	ions of registered agent.				
SIGNATURE.					DATE
المستعنق	Signature, typed or printed name of registered agent at		red Agent algneture requires		DATE
After M	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550.0	9. Election Campaign Fin. Trust Fund Contribution		.00 May Be led to Fees	
10.	OFFICERS AND D		• •	Į.	
TITLE NAME		DIRECTORS			
	POWERS LANCE	DIRECTORS			
STREET ADDRESS	POWERS, LANCE 204 FICUS ST	DIRECTORS			
_	POWERS, LANCE	DIRECTORS			
STREET ADDRESS CITY-ST-ZIP	POWERS, LANCE 204 FICUS ST	DIRECTORS			
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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 eignature 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 an address, with all other like empowered.

SIGNATURE: Lance Powers:

SIGNATURE AND TYPED OR POSITED MAKE OF SIGNING OFFICER OR DIRECTOR

April 16, 2007 407-963-4390

Dayline Phone I