2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Apr 20, 2000 00:00		
1. Entity Name	MENT # P050001367	68			Sec	cretary of Sta	
	e of Business STREET NORTH IRK, FL 33781	Mailing Address 7898 41ST STREET NORTH PINELLAS PARK, FL 33781				1020 olin 1980 olik 1980 iliose 1 1981	
DO NOT WRITE IN THIS SPA			CE	04212008 4. FEI Numb	04212008 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent CUMMINGS, JON D JR. 7898 41ST STREET NORTH PINELLAS PARK, FL 33781				IN	NOT WRI	CE	
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and lite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Find Trust Fund Contribution				\$5.00 May Be Added to Fees			
10. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P CUMMINGS, JON D JR. 7898 41ST STREET NORTH PINELLAS PARK, FL 33781	RECTORS			U0000092 05/20/08-80 NOT WRI THIS SPA	ÕÄÕ-019 150.00 TE	
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this 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 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 an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME

JON CHMINGS

4 24 08

721-542-4287