2008 FOR PROFIT CORPORATION

FILED 00 AI ate

| • | ANNUAL | REPORT | | | Jan | 11, 20 | 08 08:0 |
|---|--|---|-----------------------------|---------------------------|---|---------------------------|----------------------------|
| 1. Entity Nam | MENT # P050001390 | 087 | | | | Secreta | |
| P.O. BOX 51 | ee of Business 19 E POINT, FL 33074 US | Mailing Address P.O. BOX 5119 LIGHTHOUSE POINT, FL 3307 | 74 US | - - - (*106) 182/ | | 02 11200 XIXA XXIII 00X01 | 1111 (BA)(CO JA) (BA) |
| | | | 1 (| 01082008 | No Chg-P | CR2E034 (11) | |
| DO NOT WRITE IN THIS SPA | | | CE | 4. FEI Numb 42-168 | er | CR22034 (11) | Applied For Not Applicable |
| | | | • | 5. Certificate | of Status Desired | □ \$8.75 Fee Re | Additional quired |
| | 6. Name and Address of Current Re | gistered Agent | _ | | , , , | | |
| MARTIN, STEVEN W 925 SOUTH FEDERAL HWY. 425 | | | e e | ٠. | NOT W | • | rendiction. |
| BOCA RATON, FL 33432 | | | | IN | THIS SF | ACE | |
| | | | | | | | |
| | named entity submits this statement for the lions of registered agent. Signature, typed or printed name of registered agent and | | ed Agent signature required | | an, in the state of Fic | DATE | with, and accept |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution | | .00 May Be led to Fees | | | |
| 10. | OFFICERS AND DI | RECTORS | | | ş | | * |
| NAME STREET ADDRESS CITY-ST-ZIP | VP GARDINER, TROY T P.O. BOX 5119 LIGHTHOUSE POINT, FL 33074 | | | • | | · · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARDINER, JAMES A P.O. BOX 5119 LIGHTHOUSE POINT, FL 33074 | | S. San | en en er Sen egipter | U00000 01/14/08- |)780495 -80023-024 | 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GARDINER, JAMES M P.O.BOX 5119 LIGHTHOUSE POINT, FL 33074 | | | DO | NOT W | 'RITE | |
| ·TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SF | ACE | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | The said Transport | | , | | |

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 of 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 receive/ 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 the empowered.

TITLE NAME STREET ADDRESS CITY-S7-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date