2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

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DOCU 1. Entity Nam JAMES M			04-30-2007 90856 047 ***150.00						
Principal Plac	a of Business	Mailing Address				0 0 11 0			
Principal Place of Business Mailing Address					٨١	<u> </u>			
452 MAYWOOD WAY 452 MAYWOOD WAY THE VILLAGES, FL 32162 THE VILLAGES, FL 3216			20		3,).O			
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2. Principal P	_								
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City & Stat		City & State			4. FEI Numb	er		Ap	plied For
The Vi	Mages, FC	The Villages	re		20-369	7558		No	t Applicable
! Zip	Country	Zip ' _	Country		5. Certificate	of Status Desired		75 Add	
32162-4		32162-4025	usa				- Fee F	Require	d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent		
1401 41101	# IN		Name						
MCLAUGH	Street A	ddress (f	P.O. Box Numb	er is Not Acceptat	ole)				
452 MAYWOOD WAY THE VILLAGES, FL 32162					olden		\$ `		
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8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office or	register	ed agent, or bo	th, in the State of I	lorida. I am familia	ar with,	and accept
the obligat	lons of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signate	ure required	when reinstating)		DATE		
 				-	 				
FIS	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	\$ 5.	00 May 8e			•	ا بالاستاد -
	ay 1, 2007 Fee will be \$550.0	Trust Fund Contril	bution.	Add	ed to Fees				
	255,2552	210707070							<u> </u>
10.	OFFICERS AND		11.	 	ADDITIONS	CHANGES TO O	FICERS AND DIRE		
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NAME	MCLAUGHLIN, JAMES		NAME	١			~		
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-	certify that the information supplied with								

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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date