FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # \$05000 159708 1. Entity Name d a Tos



FILED Jul 03, 2008 8:00 am Secretary of State 07-03-2008 90014 049 ***150.00

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business - No P.Q. Box # 3. Mailing Address					
				E	40109452
901 D'Doniel Dave Suile, Apt. #, etc.		Same Suite, Apt. #, etc.			CR2E034B (5/07)
City & State		City & State Florida			4. FEI Number Applied For 43 - 209541 Not Applied
33809	Polk	<i>3</i> 3809	Po	Ϊχ .	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent
	DO NOT WI IN THIS SP	# 		70, 0.2	E Underwood P.O. BoxNumber is Not Acceptable) Doniel Drive
the obligations of re		knews)	Lakeland of fice or register	6 (30/08
After Make Check Psyab	- May 1 Fee is \$150.00 lay 1, Fee is \$550.00 inded AR is \$61.25 le to Florida Department of OFFICERS AND I	DIRECTORS		· - ·	\$5.00 May Be Added to Fees
TITLE D	eland, FL 338 bith Jr., Jessi Lipps Colony	09 US			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		711			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify the indicated on this re of the corporation	It the information supplied with eport or supplemental report is or the receiver or trustee emor	his filing does not qualify true and accurate and tha wered to execute this rec	for the exer t my signate	mptions contained i ure shall have the s uired by Chapter 68	in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or directo x07, Florida Statutes; and that my name appears in Block 10 or on an
attachment with an	address, with all other like em	DOWERED. LINESUS DE SIGNING OFFICE ENTED NAME OF SIGNING OFFICE			0 /30/0 F