## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State

Country   Coun		71111971			_		•	_	
3372 SHAUMA OAKS CIRCLE EAST ACKSONVILLE, FL 32277  4. Principal Place of Business - No P.O. Box #	1. Entity Name	9			03-03-2008	8 90202 036 ***1.	50.00		
3372 SHAUMA OAKS CIRCLE EAST ACKSONVILLE, FL 32277  4. Principal Place of Business - No P.O. Box #	Principal Place	e of Business		7 .					
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City & State    City & State   City & State   Country   Applied for   Not Applied fo	2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address						
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082008	Chg-P	CR2E034 (12/06)		
S. Certification of Status Degree   Fee Required:    THOMAS, ALVIN R   3372 SHAUNA OAKS CIRCLE EAST JACKSONVILLE, FL. 32277   270 Code   Change   C	City & State		City & State				<del>}</del>		
HOMAS, ALVIN R 3372 SHAUNA OAKS CIRCLE EAST JACKSONVILLE, FL 32277    City   FL   Zip Code	Zip			Country			Fee Required		
THOMAS, ALVIN R  JACKSONVILLE, FL 32277  City FL Zip Code  8. The above named entiry submits this statement for the purpose of changing its registered eight or registered agent, or both, in the State of Florida. I am familiar wint, and accept in the obligations of registered agent, and so companies of registered agent.  SIGNATURE  FILE NOWITH FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Exection Campalign Financing Struct Fund Contribution. SIGNATURE  FILE NOWITH FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Exection Campalign Financing Struct Fund Contribution. SIGNATURE SIGNATURE OF SIGNATURE SIGNATURE SIGNATURE OF SIGNATURE SIGNATURE OF SIGNATURE OF SIGNATURE SIGNATURE SIGNATURE OF S	6. Name and Address of Current Registered Agent				7. Name and	ddress of New R	egistered Agent		
City   FL   Zip Code									
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Signature of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  TO FFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THOMAS, ALVIN R STREE ADDRESS CITY-ST-2P  THE NAME STREE ADDRESS CITY-ST-2P  TH							<del>-</del>		
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SIGNATURE    Signature   Signa	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 Florida. I am familiar with, and accept								
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550,00  9. Election Campaign Financing									
After May 1, 2008 Fee will be \$550,00  Trust Fund Contribution.		Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registered Agent signature requ	wed when reinstating)		DATE		
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		Lcertify that the information supplied wi	th this filing does not qualify		ned in Chapter 119	Florida Statutes.	further certify that the in	nformation	

12. Thereby 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:

1-2 9AB608

904-403-9688

e Daytime Phone