

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000166805



1. Entity Name

Principal Place of Business
**838 SAN REMO DR
WESTON FL 33326**

Mailing Address
**838 SAN REMO DR
WESTON, FL 33326**

DO NOT WRITE IN THIS SPACE

FILED
Apr 09, 2008 08:00 AM
Secretary of State



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2094119	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent

MCATEER, DONNA F
838 SAN REMO DR
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinitializing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000888078
04/21/08-80045-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCATEER, DONNA F
STREET ADDRESS	838 SAN REMO DR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *John J. Gaskins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08 754-2044074