## FILED May 01, 2008 8:00 am Secretary of State

| 2  | 2008 FOR PROFIT CORPORATION ANNUAL REPORT                               |  |               |  |                             | Secretary of State 05-01-2008 90225 045 ***150.00                    |                                       |                     |           |                |  |
|--|---|--|---------------|--|-----------------------------|--|---------------------------------------|---------------------|-----------|----------------|--|
| DOCU<br>1. Entity Nan<br>YASSO,  |   | 727  |               |  |                             |  | 03-01-2006                            | 90223 043           | 13        | 0.00           |  |
| Principal Place  | ce of Business<br>N ROAD  | Mailing Address 914 CURLEW ROAD                    |               |  |                             |  | •                                     |                     |           |                |  |
| #354<br>  Dunedin, Fi  | L 34698 US  | #354<br>Dunedin, Fl. 34698 US                      |               |  | :                           |  |                                       |                     |           |                |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1433 Gulf-to-Bay Blyd. 1433 Gulf-to-   |   |  | D             |  |                             |  |                                       |                     |           |                |  |
| Suite Apt  | . #, etc.   | 1433 Gulf-to-Bay Blvd. Suite, Apt. #, etc. Suite I |               |  |                             | 03272008   | Chg-P                                 | CR2E034 (1          | 2/06)     |                |  |
| City & Stat  |   | City & State                                       |               |  |                             | 4. FEI Number 20–4160053 Applied For Not Applied For                 |                                       |                     |           |                |  |
| Zip<br>33755   | ter, Florida<br>Country   | Clearwater, F                                      | try           | 5. Certificate of Status Desired \$8.75 Additional   |                             |  |                                       | itional             |           |                |  |
| 33/55  | USA 33755 USA 33755 USA 6. Name and Address of Current Registered Agent |  |               | <del>1</del>   |                             |  | Address of New F                      | - Fee F             | Required  | <del>!</del> — |  |
| WOOD, BRADLEY J ESQ.   |   |  |               |  | Name                        |  |                                       |                     |           |                |  |
| 600 FIRST AVENUE NORTH, SUITE 302<br>ST. PETERSBURG, FL 33701-3609   |   |  |               | Street Address (P.O. Box Number is Not Acceptable)   |                             |  |                                       |                     |           |                |  |
|  |   |  |               | City Zip Code  |                             |  |                                       |                     |           |                |  |
| R. The above named entity submits this statementary the purpose of changing its register   |   |  |               |  | <u> </u>                    |  |                                       |                     |           |                |  |
| 8. The above named entity submits this statement or 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 it registered agent and stall it applicable. (NOTE: Registered Agent algendure required when reinstating)  OATE   |   |  |               |  |                             |  |                                       |                     |           |                |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees   |   |  |               |  |                             |  |                                       |                     |           |                |  |
| 10.  | OFFICERS AND E  | Delete   | 11.<br>TILE   |  |                             | ADDITIONS  | CHANGES TO OFF                        |                     | CTORS     | IN 11 Addition |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CALVO, AMBER<br>914 CURLEW ROAD, #354<br>DUNEDIN, FL 34698              | Li Dante   | name<br>Stree |  | P/D<br>Calv<br>143.<br>Clea | vo, Ambe<br>3 Gulf-t<br>arwater.                                     | r<br>o-Bay Blvd<br>Florida            |                     | •         | M Addition     |  |
| TITLE  | _ =====================================                                 |  | nne           | The state of the s | VSTI                        | )  |                                       | <u> </u>            | hange     | Addition       |  |
| NAME<br>STREET ADDRESS   | 914 CURLEW ROAD, #354   |  |               | T ADDRESS  | Calv<br>143:                | vo, Fabian<br>3 Gulf-to-Bay Blvd., Suite I<br>arwater, Florida 33755 |                                       |                     |           |                |  |
| CITY-ST-ZEP  | DUNEDIN, FL 34698   | ☐ Defele   | TITLE         | ST-ZIP   | CTE                         | arwater,   | fiorida :                             |                     | Change    | Addition       |  |
| NAME<br>STREET ADGRESS<br>CITY-ST-ZIP  |   | _ 5  |               | T ADORESS<br>ST-ZIP  |                             |  |                                       |                     |           |                |  |
| TITUE  |   | ☐ Defete   | TITLE         |  |                             |  |                                       |                     | hange     | ☐ Addİlion     |  |
| NAME<br>Street Address<br>City-St-Zip  |   |  |               | T ADDRESS<br>ST-ZIP  |                             |  |                                       |                     |           |                |  |
| TITLE<br>NAME  |   | ☐ Delete   | TITLE         |  |                             |  |                                       |                     | hange     | Addition       |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | STREE         | T ADDRESS<br>ST-ZIP  |                             |  |                                       |                     |           |                |  |
| TITLE  |   | ☐ Daleta   | TITLE         |  | •                           |  | · · · · · · · · · · · · · · · · · · · |                     | hange     | ☐ Addition     |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | $\sim$   |               | T ADORESS<br>St-zip  |                             |  |                                       |                     |           |                |  |
|  | certify that the information supplied with the                          | his filing does not qualify for t                  |               |  | ntained                     | in Chapter 119   | , Florida Statutes. I                 | further certify the | it the in | formation      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information inclicated on this report or supplierrental report is true-fand accurate and that my signature shall have the same legal effect as if made under cath; 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: 4-25.08 727-442-9700  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR Date Dayling Prints #  |   |  |               |  |                             |  |                                       |                     |           |                |  |