## FILED May 22, 2007 8:00 am Secretary of State 04-23-2007 90273 031 \*\*\*150.00

## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	DOCUI 1. Entity Nam KATHY &	•	# P060000( c.	)8054			}		וטס	1101	JJ
PALM BEACH GARDENS, FL 33418  2. Principal Place of Business - No P.O. Box # 3. Mailing Address   Sutio, Apt. #, etc.   Sutio, Apt. #, etc.   Out 82007   ChgP   CR26034 (12/06)  2. Sutio, Apt. #, etc.   Sutio, Apt. #, etc.   Out 82007   ChgP   CR26034 (12/06)  2. City & State   Country   Zro   Country   S. Calificate of Stanta Bosene   S8.75 Academost   Fee Required For Palmost   Fee Required	Principal Place	e of Busines	s	Mailing Address		<u> </u>	7				
Surie. Applied For Charge of Charge			FL 33418			3418					
City & State  Country  City & State  City & State  Country  City & State  Country  City & State  City & State  City & State  Country  City & State  Country  City & State	2. Principal P	tace of Busin	ness - No P.O. Box #	3. Mailing Address							
2D Country 2D Country 5. Certificate of Station Departed Station Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable)  Screet Address (P.O. Box Number is Not Acceptable)  FL Zip Code  5. The above named entity submits this stationer to the purpose of changing its registered agent, or both, in the State of Florida. I am luminism with, and accept the editions of registered agent.  SCONATURE  FILE NOWITY FEE IS \$450.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Control, limit 9. State Acceptable 9. Election Campaign Financing 18. Address to Fees 18. Address	Suite, Apt. #, etc. Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·	04182007	Chg-P	CR2E03	34 (12/08)	
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  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 Poide. I am familiar with, and acceptable)  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Poide. I am familiar with, and acceptable me officerors of registered agent, or both, in the State of Poide. I am familiar with, and acceptable me officerors of registered agent, or both, in the State of Poide. I am familiar with, and acceptable me officerors of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide. I am familiar with, and acceptable mediators of registered agent, or both, in the State of Poide acceptable mediators of registered agent, or both, in the State of Poide acceptable mediators of registered agent, or both, in the Sta	City & State	8	<u>-</u> -	City & State	City & State			4. FEI Number 4144430			
SORKIN, KATHY 175 BENT TREE DRIVE PALM BEACH GARDENS, FL 33418  6. The above numed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  TOTAL TREE DRIVE  SIGNATURE  TOTAL TREE DRIVE  TOTAL TREE DRIVE  TOTAL TREE DRIVE  TOTAL TREE DRIVE  SORKIN, KATHY  SORKIN			Country	Zip	Cour	ntry	5. Certifical	e of Status Desired		8.75 Ad	ditional
SORKIN, KATHY T75 BENT TREE DRIVE PALM BEACH GARDENS, FL 33418    City   FL   Zip Code		6. Name	and Address of Curre	nt Registered Agent	·		7. Name an	d Address of New			
Street Accrease (P.O. Box Number is Not Acceptable)	SORKIN, K	(ATHY				Name					
City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida.    Control of the State of Florida.	175 BENT	TREE DE			Street Address (P.O. Box Number is Not Acceptable)						
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    FILE NOWILL FEE IS \$150.00		.011 07 41	52.10,12 551.0								
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CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this liting cloes 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 occupation 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.	NAME			□ Deede	NAN	AE .					C) AUGION
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