2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90840 033 ***150.00

DOCUI 1. Entity Name 180 ADVE	е	# P06000019 3 INC	1462				90840 033 ***	150.00	
Principal Place of Business Mailing Address						1	4009319	2	
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201 PORTOPANO	Œ, FL 3212	27 US	PORTOPINGE, FL. 32127 US			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ANDRE OFFIC MUTTE MUSTE MUSTE	1 BBIRI ITIYA IBIKI BIRID BAIR	1 (1 11:183 1)) 1 11 1
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272007	Chg-P	CR2E034 (12/06	5)
City & State			City & State		4. FEI Numb	, a24316	⊢	Applied For Not Applicable	
Zip	Country		Zip	Zip Count			of Status Desired	\$8.75 A Fee Requ	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
LIVINGSTON, EDWARD M					Street Address (P.O. Box Number is Not Acceptable)				
963 TRAIL TERRACE DR NAPLES, FL 34103					Sueet Address (F.O. Box Number is Not Acceptable)				
					City Zip Code				
8. The above	named entit	y submits this statement fo	r the purpose of changing it	ed office or registe	ered agent, or bo	th, in the State of Flo		th, and accept	
the obligations of registered agent.									
SIGNATURE Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Fil. After Ma	E NOW!!! By 1, 200	FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campa Trust Fund Con		5.00 May Be ded to Fees				
10.		OFFICERS AND	DIRECTORS		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11	
title Name	P KOLODZI	IK, RONALD W			E Ic			Chang	e 🔲 Addition
STREET ADDRESS					EET ADORESS				
CITY-ST-ZIP		RANGE, FL 32129			'-ST-ZiP			[] o	
TITLE NAME	S T KOLODZI	IK, LINDA	☐ Delete	TITL NAM	l l			☐ Chang	e 🗌 Addition
STREET ADDRESS	P O BOX 290966				EET ADDRESS				
TITLE	PORTOR	RANGE, FL 3290966	☐ Delete	r-ST-ZIP E			☐ Chang	e 🗔 Addition	
NAME			Li Ociole	NAM	IE				
STREET ADORESS CITY-ST-ZIP					EET ADORESS (-ST-ZIP				
TITLE -			☐ Delete	τm	E		-	☐ Chang	pe Addition
NAME STREET ADDRESS				NAM STRI	ie Eet adoress				
CITY-ST-ZIP					-ST-ZIP				
TITLE			☐ Delete	TITL NAM				Chang	e 🗌 Addition
NAME STREET ADDRESS					EET ADÖRESS				
CITY+ST-ZIP					/-\$T-ZIP				
TTTLE NAME			☐ Delete	TITL Nam				☐ Chang	pe
STREET ADORESS				STR	EET ADORESS				
City-St-ZiP		a lafa-makina a makina a sa	n thin filling docs and available		(-ST-ZIP	ad in Charter 44	0. Florido Statuto - 1	further portify that the	a information
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 eath, that I am an office 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.									

Sunda Stoladi Linda J. Kolodzik 4/27/07
SIGNATURE AND TYPE OR PRINTED MANERO SIGNING OFFICER OR DIRECTOR