## FILED May 29, 2007 8:00 am Secretary of State 04-16-2007 90093 033 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 345 DERRY LANE 3351 DERRY LANE 3451 DERRY LANE 345
Suite, Apt. F, stic.    Suite, Apt. F, stic.   Suite, Apt. F, stic.   Suite, Apt. F, stic.   Suite, Apt. F, stic.   Suite, Apt. F, stic.   Suite   A. FEI Number   April (12/06)
City & State    City & State   City & City & State   City &
Zip Country Zip Country S. Centificate of Status Desired S. 75 Additional Fee Naquence Registered Agent 7. Name and Address of Name and Address of Current Registered Agent 7. Name and Address of Naw Registered Agent Registered Agent 7. Name and Address of Naw Registered Agent 8. Name State Office Registered Agent 8. Name State Office Registered Agent 8. Name State Office Registered Agent Registered Agent 8. Name State Office Registered Agent Registered Regist
S. Certificate of Status Desired   Fee Propuestal Peer Regulation   Fee Propuestal Peer Regulation   Fee Propuestal Peer Regulation   Fee Propuestal Registered Agent   Fee Prop
Name
STREET ADDRESS  THE BOOKES CITY-ST-2P  TILE  TOPEGGS, DOLORES  STREET ADDRESS
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Signature
City FL Zip Code  3. The above named only 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, 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, 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, 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 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, 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, 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, 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 state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of F
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rovide. I am familiar with, and accept the obligations of registered agent.    Signature
SIGNATURE
SIGNATURE Signama. Indicate permit have of impatement author and title if applicable (INCITE Help sheet Agent signature required often revolators)  PILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE MAKE PEGG, DOLORES STREET ADDRESS CITY-S1-2P  WESTON, FL 33331  Delde  INTLE MAKE STREET ADDRESS CITY-S1-2P  INTLE MAKE STREET ADDRESS STRE
PILE NOWITI FEE IS \$150.00 After May 1, 2007 Fee with be \$550,00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NULE PEGG, DOLORES 3347 DERBY LANE CITY-S1-2P  WESTON, FL 33331  TITLE MAKE STREET ADDRESS CITY-S1-2P  TITLE MAKE STREET ADDRESS CITY-S1-2P  TITLE STREET ADDRESS CITY-S1-2P  STREET ADDRESS CITY-S1-2P  TITLE STREET ADDRESS CITY-S1-2P  STREET ADDRESS CITY-
FILE NOWITI FEE IS \$150.00  After May 1, 2007 Fee with be \$550.00  9. Election Campaign Financing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  INLE PEGG. DOLORES 3547 DERBY LANE CITY-S1-2P  TITLE NAME STREET ADDRESS CITY-S1-2P  TITL
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INLE PEGG, DOLORES STREET ADORESS CITY-S1-ZIP  TITLE MAME STREET ADORESS CITY-S1-ZIP  TITLE
NILE NAME STRET ADDRESS CITY-SI-2P TITLE NAME STRET ADDRESS CITY-SI-2P Change Addition Addition Addition STRET ADDRESS CITY-SI-2P TITLE NAME STRET ADDRESS CITY-SI-2P TITLE STRET ADDRESS CITY-SI-2P TITLE STRET ADDRESS CITY-SI-2P TITLE STRET ADDRESS CITY-SI-2P TITLE STRET ADDRESS CITY-SI-2P STRET ADDRESS CITY-SI-2P STRET ADDRESS CITY-SI-2P STRET ADDRESS CITY-SI-2P STRET ADDRESS
MAME STREET ADDRESS CITY-S1-2P  TITLE MAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Change Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP
CITY-S1-ZIP  TITLE NAME STREET ADDRESS
NAME STREET ADDRESS CITY-S1-ZIP  ITILE ITILE INAME STREET ADDRESS CITY-S1-ZIP  ITILE ITILE INAME STREET ADDRESS CITY-S1-ZIP  ITILE INAME STREET ADDRESS CITY-S1-ZIP  ITILE ITILE INAME STREET ADDRESS CITY-S1-ZIP  ITILE INAME STREET ADDRESS CITY-S1-ZIP  ITILE INAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP  ITILE INAME STREET ADDRESS
STREET ADDRESS CITY-S1-ZIP  TITLE INAME INDEED INTLE NAME SIRRET ADDRESS CITY-S1-ZIP  TITLE INAME INAME INAME INTLE INTL
CITY-S1-ZIP  CITY-
TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS
NAME SIRRET ADDRESS CITY-S1-ZIP  ITILE Delete ITILE NAME SIRRET ADDRESS CITY-S1-ZIP  SIRRET ADDRESS CITY-S1-ZIP  SIRRET ADDRESS CITY-ST-ZIP  SIRRET ADDRESS
CITY-S1-ZIP  ITILE INAME STREET ADDRESS CITY-S1-ZIP  ITILE ILE INAME STREET ADDRESS CITY-S1-ZIP  ITILE INAME STREET ADDRESS CITY-S1-ZIP  ITILE STREET ADDRESS CITY-ST-ZIP  ITILE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS
ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete INAME STREET ADORESS CITY-ST-ZIP  TREET ADORESS STREET ADORESS STREET ADORESS
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  ILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  Addtion  Addtion
TITLE Delete IITLE Change Addition NAME STREET ADDRESS
NAME STREET ADDRESS STREET ADDRESS
CITY-SI-ZIP CITY-SI-ZIP
TITLE   Delete   TITLE   Change   Addition   WAAE
STREET ADDRESS STREET ADDRESS
CITY-S1-ZP CITY-S1-ZP
12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119. Floride 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 officer or director
of the corporation of 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.