## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 12, 2007 8:00 am **Secretary of State** DOCUMENT # P06000032335 02-12-2007 90090 019 \*\*\*150.00 LAW OFFICE OF FREDERIC E. WACZEWSKI, P.A. Principal Place of Business Mating Address 4700 MILLENIA BLVD., SUITE 175 4700 MILLENIA BLVD., SUITE 175 40014408 ORLANDO, FL 32839 ORLANDO, FL 32839 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042007 CR2E034 (12/06) Chq-P 4. FEI Number 43-1696544 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WACZEWSKI, JAMES Street Address (P.O. Box Number is Not Acceptable) 4824 PEBBLE BEACH DRIVE ORLANDO, FL 32811 City Zip Code FL 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, typeo or provide rand of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JITE ☐ Defete 100 ☐ Change Addition WACZEWSKI, FREDERIC E NAME NAME STREET ADDRESS 4700 MILLENIA BLVD., SUITE 175 STREET ADDRESS CITY-ST ZIP ORLANDO, FL 32839 CITY-ST-ZIP ☐ Defete TITLE Change Addition HAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CJY SI-ZIP CITY-ST ZIP DITER Delete TITLE ☐ Change Add-tion NAME NAME STRUET ADDRESS STREET ADDRESS 0:1Y ST-ZIP CITY-S1-ZIP

12. Thereby 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 suppliemental 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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY ST-7IP

CITY-ST-ZIP

SIGNATURE:

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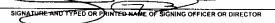
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