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

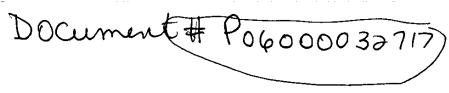
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SIGNATURE:

## May 14, 2007 8:00 am Secretary of State DOCUMENT # P06000032717 05-14-2007 90099 042 \*\*\*150.00 CELESTE MEJIA, PA Principal Place of Business Mailing Address 4011322 11054 ROUSE RUN CIR 11054 ROUSE RUN CIR ORLANDO, FL 32817 ORLANDO, FL 32817 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05102007 CR2E034 (12/06) Chg-P 4. FEI Number 20 - 44 38 37 4 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 Name MEJIA, CELESTE 11054 ROUSE RUN CIR Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32817 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MEJIA, CELESTE NAME STREET ADDRESS 11054 ROUSE RUN CIR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32817 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 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

NG OFFICER OR DIRECTOR

10/2007



ATTACHMENT 40113509

May 10, 2007

To Whom It May Concern:

Please be advised that I try repeatedly to file online before the due date and there was a problem with your website. Please wave the late fee. If you have any questions please contact me at (407) 592-3261.

Thank you,

Celeste Mejia

11054 Rouse Run Circle

Orlando, FL 32817