**FILED** Apr 28, 2008 08:00 AN Secretary of State

| ANNUAL REPORT           | ľ |
|-------------------------|---|
| DOCUMENT # P06000045510 |   |
| I. Entity Name          | 1 |

Principal Place of Business Mailing Address

3211 AUSTRALIAN COURT 3211 AUSTRALIAN COURT WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407



| nn  | NOT  | <b>WRITE</b> | IN  | THIS | SDA | CE |
|-----|------|--------------|-----|------|-----|----|
| UU. | IVUI | VVICIL       | HIN | ппю  | JEA | L  |

01052008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-4594500 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

PRIL 74 7008 -561-84248

6. Name and Address of Current Registered Agent

PEET, CHARLES H 3211 AUSTRALIAN COURT WEST PALM BEACH, FL 33407

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the pions of registered agent.  | ourpose of changing its registere                                     | d office or r                               | egistered agent, or bo   | th, in the State of Florida. I am familiar with, and accept  |
|---|---|---|---|--|--|
| SIGNATURE_  | Signature, typed or printed name of registered agent and title  | required when reinstating)  | DATE  |  |  |
| L   |   |   | -   | -  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |   |  |  |
| 10.   | OFFICERS AND DIREC  | CTORS   |   |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP                                       | P<br>PEET, CHARLES H<br>3211 AUSTRALIAN COURT<br>WEST PALM BEACH, FL 33407  |   |   |  | U00000927503<br>05/20/08-80112-010 150.00  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | , <u> </u>  |   |   |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |   |   |   | DO   | NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |   |   |   | IN T   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |   |  | :<br>:   |
| of the corp   | erify, that the information supplied with this fil<br>on this report or supplemental report is true a<br>ocration or the receiver or frustee empowered<br>or on an attachment with ag address, with all | to execute this report as require                                     | mptions con<br>ire shall hav<br>ad by Chapt | tained in Chapter 119<br>e the same legal effec<br>er 607, Florida Statute | , Florida Statutes. I further certify that the information tas if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if |