2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000048764

FILED Feb 28, 2007 8:00 am Secretary of State 01-31-2007 90054 004 ***150.00

Zip Country Zip Country S. Certificate of Status Desired S. S. 75 Additional Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required S20 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952 City FL Zip Code	1. Enlity Nam SQUARE							
Suite, Apt. 4, stc. Suite, Apt. 4, stc. Suite, Apt. 4, stc. City & State City & St	1243 WATER	R LILY LANE	1243 WATER LILY LAN		t (1811/181) 19 26: 1/4 2 /1/13 24 /1/17			£1261 14 12Fs
City & State City & State City	2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address					
Zip Country Zip Country S. Certificate or Status Desired \$8.75 Additional \$	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01232007 Chg-P	CR2E03	34 (12/06)	
Security	City & State		City & State	City & State		 いち	<u> </u>	oplied For ot Applicable
CULMER, JOSEPH E ESO, 230 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952 City FL Zip Code 8. The above named entiry 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 at the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fase SIRRE ADDESS SIRRE ADDESS SIRRE ADDESS SIRRE ADDESS SIRRE ADDESS CITY-SI-Zip MIA MIRA, FROILAN SIRRE ADDESS CITY-SI-Zip MIRA, FROILAN SIRRE ADDESS CITY-SI-Zip MIRA, FROILAN SIRRE ADDESS CITY-SI-Zip MIRA, MILENA A SIRRE ADDESS CITY-SI-Zip MIRA MIRA MILENA SIRRE ADDESS CITY-SI-Zip Delete MIRA MIRA MILENA SIRRE ADDESS CITY-SI-Zip CITY-SI-Zip Delete MIRA MIRA MILENA SIRRE ADDESS CITY-SI-Zip CITY-SI-Zip CITY-SI-Zip CITY-SI-Zip Delete MIRA MIRA MILENA SIRRE ADDESS CITY-SI-Zip CIT	Zip	Country	Zip	Country	5. Certificate of Status Desir		\$8.75 Add	ditional
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Sireer Address (P. O. Box Number is Not Acceptable) City FL Zip Code	0141450	JOOCENI E ECO		Name		•		
E. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and all the obligations of registered agent. SIGNATURE Suppose the post of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and all the obligations of registered agent. In the obligations of registered agent, or both, in the State of Florida. I am familiar with, and all the obligations of registered agent. In the obligation of the obligation. DATE SIGNATURE Suppose the obligation of	230 S. CO	URTENAY PARKWAY		Street Addre	ss (P.O. Box Number is Not Accep	kable)		
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After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE.	Signature, typed or printed name of registered agen	Lend title if applicable. (NOT	E: Registered Agent signature req	pured when (einstabing)	DATE		
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