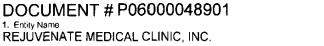
2008 FOR PROFIT CORPORATION ANNUAL REPORT





FILED Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90060 040 ***150.00

| Principal Place of Business Mailing Address 7065 WESTPOINTE BLVD 7065 WESTPOINTE BLVD | 4002100. |
|---|---|
| UNIT 207 ORLANDO, FL 32835 UNIT# 207 ORLANDO, FL 32835 | Der stellen im denne denn benne benne beske betin blede (ben (ben) benne skriftet is jede |
| Principal Place of Business - No P.O. Box # Mailing Address | |
| Suite, Apt. #, etc. Suite. Apt. #, etc. 021 | 52008 Chg-P CR2E034 (12/06) |
| | El Number Applied For 20-4781489 Not Applicable |
| - | Pertificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent 7. N Name | ame and Address of New Registered Agent |
| KHOURI, ELIE J 7065 WESTPOINTE BLVD UNIT # 207 | ox Number is Not Acceptable) |
| ORLANDO, FL 32835 | |
| City City | FL Zip Code |
| The above named entity submits this statement for the purpose of changing its registered office or registered age the obligations of registered agent. | ent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when ref | oslating) DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to F | ay Be . ees |
| | DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE HAME KHOURI, ELIE J STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | ☐ Change ☐ Addition |
| 1/17LE □ Delete 1/17LE NAME NAME STREET ADDRESS - STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chindicated on this report or supplemental report is true and accurate and that my signature shall have the same indicated on this report or supplemental report is true and accurate and that my signature shall have the same in the | Change Addition |

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.

SIGNATURE AND TYPED OR PRINTED NAME OF

NG OFFICER OR DIRECTOR

Daytime Phone #