2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 27, 2007 8:00 am Secretary of State DOCUMENT # P06000053124 1. Entity Name 02-27-2007 90009 014 ***150.00 KAREN MCCARTHY PA Principal Place of Business Mailing Address 770 CLAUGHTON ISLAND DRIVE 770 CLAUGHTON ISLAND DRIVE #1908 #1908 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip 7ip Country 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 MCCARTHY, KAREN L MISS Street Address (P.O. Box Number is Not Acceptable) 770 CLAUGHTON ISLAND DR. 1908 **MIAMI FL 33131** 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 (NOTE Registered Agent signature required when reinstatural) ure, typed or printed name of registered adent and title - as FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11111 Defete 11111 ☐ Change Addition MCCARTHY, KAREN L. P.A. NAMI NAME 770 CLAUGHTON ISLAND DRIVE, #1908 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CHY-SI-ZIP CHY SI ZIP DILE ☐ Delete DIO Change Addition STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP TITLE. ☐ Delete ☐ Change Addition NAMI NAMI STREET ADDRESS STRUET ADORESS CITY ST-70 CHY SL 7IP THIL Delete ☐ Change Addition NAMI NAM STREET ADORESS STREET ADDRESS CITY+S1_7/P CHY ST ZIP HILE ☐ Delete ШП Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-St ZIP TIME Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 Statules; 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.

FILED