2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P06000061354

1. Entity Name



FILED Feb 05, 2008 8:00 am Secretary of State

02-05-2008 90009 035 ***150.00

HELLENBERG & WOLSKE, CPA'S PA										
Principal Place of Business 1532 N HARBOR CITY BLVD. SUITE A MELBOURNE FL 32935		Mailing Address P.O. BOX 361682 MELBOURNE FL 32936			·					
2. Principal P	lace of Business - No P.C. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE					
City & State		City & State			4. FEI Number 20-4828252 Applied For Not Applied			oplied For of Applicable		
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Ado		
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
LIEU ENIDEDO DIOLLADO				Name						
361	LENBERG, RICHARD 2 BRENTWOOD LANE LBOURNE FL 32934		Street A	Ber Address (P.O. Rox Number is Not Acceptable) 3216 Brentwood Lane						
			City as	. (1			FL	Zip_Cod	0_	
8 The angle	named antity submits this statement to	r the purpose of changing ite r			URWe	oth in the State of E		329	274 and account	
 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										
Signature, typod or period is an elementario assent and die Hamptoscio. (NOTE Registred Agent appreture required when constating). DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Cama Trust Fund Co			00 May Be ed to Fees	
10.	OFFICERS AND		T 11.		ADDITIONS	/CHANGES TO OF	FICERS AND I	DIBECTOR	S IN 11	
TITLE	D	☐ Derete	TITLE	D		·····		Change	Addition	
NAME	HELLENBERG, RICHARD		NAME	HEL	LENDER	6. Richard Hurin Lan	<i>o</i>			
STREET ADDRESS CITY-ST-ZIP	3612 BRENTWOOD LANE MELBOURNE FL 32935		STREET ADORESS CITY-ST-ZIF			ve FL				
TITLE	D	□ Delete	TITLE					Change	Addition	
NAME	WOLSKE, WILLIAM	Li Derete	NAME	wels	KG, Wi	. Iliam Lun Poin SC	ا مان	Change	C Monton	
STREET ADDRESS	230 MAPLE DR.		STREET ANORESS	15	Caering	ton Poin	te (Ld.			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY - ST - ZIP	131,	arr ton	SC				
TIPLE		☐ Derete	THLE NAME	<u>.</u>	_			Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			- -				
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STREET ADDRESS			STREET ADDRESS							
CITY - ST - ZIP			CITY+SI-ZIP							

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes: I further certify that the information indicated on this report or suppliemental 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 changed, or on an attachment with an address, with all other like empowered.

Richard Hellenberg

1629108