Zip         Country         Zip         Country         5. Centracted of Status Deginero         Set 75 Additional Set Regulated           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           GREYDINGER, DAVID 240 IBST         Stent Address (P.O. Box Number is Net Acceptative)         Stent Address (P.O. Box Number is Net Acceptative)           SUNNY ISLES BEACH, FL 33180         Stent Address (P.O. Box Number is Net Acceptative)         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data         Data           Stent Address (P.O. Box Number is Net Acceptative)         Data <th colspan="6">2007 FOR PROFIT CORPORATION ANNUAL REPORT</th> <th colspan="5">FILED Apr 30, 2007 8:00 an Secretary of State</th>	2007 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Apr 30, 2007 8:00 an Secretary of State				
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Circle       Country       Zip       Country       Zip       Country       S. Cernificate of Status Desired       Status Desired       Status Desired       Not Applied         SREYDINCER, DAVID 40 1885T       Address of New Registered Agent       Name and Address of New Registered Agent       Name and Address of New Registered Agent         SREYDINCER, DAVID 40 1885T       Name and Address of New Registered Agent       Name         INNY ISLES BEACH, FL 33160       Cirv       FL       Zip Code         Cirv       FL       Zip Code       Cirv       FL       Zip Code         The above named entry submits his statement for the purpose of changing is registered digent registered agent       PMI       Status Desired       PMI         GNATURE       The Bowe named entry submits his statement for the purpose of changing firs registered agent registered agent       PMI       Status Desired       PMI         GNATURE       The Bowe named entry submits his statement for the purpose of changing Firsthold       Status Desired       Status Desired       PMI         GRATURE       P       Circuit FEE IS 5150.00       It       Status Desired       PMI       Deficites AND DIFECTORS MID DIFECTORS MID DIFECTORS MID DIFECTORS MID DIFECTORS MID INFECTORS MID INFECT	Suite, Apt. #	, etc	Suite, Apt. #, etc			04262007 Chg-P CR2E034 (12/06)					
Subjects of the second address of Current Registered Agent     Subjects of Address     Subjects of Registered Agent     Subjects of Address     Subjects     Subjects of Registered Agent     Subjects     Subjects of Registered Agent     Subjects	City & State		· · · · · · · · · · · · · · · · · · ·			4. FEI Number	51-058	, ,	No	Applicable	
SREYDINGER, DAVID 40 1885T UNNY ISLES BEACH, FL 33160	Zip	Country	Zip	Cour	ntry	5. Certilicate o	of Status Desired				
REYDINGER, DAVID 40 1985T UNNY ISLES BEACH, FL 33160  Stool Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  The above named antity submits the statement for the purpose of changing its registered agent, or both, in the State of Ronde. Tam tamilar with, and acc the obligations of registered agent FILE ROWIT: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  FILE ROWIT: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  FILE ROWIT: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  FILE ROWIT: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  FILE ROWIT: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. Const at the advected III. Const at		6. Name and Address of Currer	nt Registered Agent		Name	7. Name and	Address of New R	egistered Ag	ent		
The above named entry submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with, and acc the obligations of registered agent or both, in the State of Porde. Tain tamilar with and ecc the obligations of registered agent or both, and the State of Porde. Tain tamilar with and ecc the obligations of registered agent.	40 188ST			Street Address	s (P.O. Box Numbe	r is Not Acceptable	3)				
The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Floride. Tam tamiliar with, and acc the obligations of registered agent  IGNATURE  IGNATURE  IGNATURE  IGNATURE  IGNATURE  IGNATURE  IGNATURE  IGNATURE  IGNATURE  IGNATURE IGNATUR					City			FL	Zip Code	)	
NE     P     Intel     Int	FILE	NOW!!! FEE IS \$150.00 y 1, 2007 Fee will be \$550	9. Election Carr 7.00 Trust Fund C	npaign Fina Contribution	ncing \$	5.00 May Be dded to Fees					
ME:     GREYDINGER, DAVID     NAME       NY ST-20P     STREET ADDRESS     STREET ADDRESS       NY ST-20P     IIIL     IIIL       NAME     NAME       NY ST-20P     IIIL       NAME     STREET ADDRESS       NY ST-20P     IIIL       NAME     STREET ADDRESS       NY ST-20P     IIIL       NAME     NAME       NAME     STREET ADDRESS       NY ST-20P     IIIL       NAME     NAME       NAME     STREET ADDRESS       IY ST-20P     IIIL       NAME     NAME       NAME     STREET ADDRESS       NY ST 2P     IIIL       IIIL     Delete       NIY ST 2P     IIIL       NAME     STREET ADDRESS       IIY ST 2P     IIIL       IIIL     Delete       NAME     STREET ADDRESS       IIY ST 2P     IIIL       NAME     STREET ADDRE						ADDITIONS/	CHANGES TO OFF			Addition	
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2. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatio 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 oath; that I am an officer or direct 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 1 or nan attachment with an address, with all other time empowered.	ile Ame (Reet address		Delete	TIT NA SI	le Me Ree 1 address				Change	Additio	
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