2007 FOR PROFIT CORPORATION ANNUAL REPORT

2	007 FOR PROF ANNUA	IT CORPORA L REPORT	TION	FILE SECRETARY (IVLLAHASSE	TE CTATE
1. Entity Name	MENT # P0600007			07 FEB 15 P	
Principal Place 9737 NW 41 DORAL, FL 3	ST #461	Mailing Address 9737 NW 41 ST #461 DORAL, FL 33178	=		BUR BBUN) EENN (SBU BBUN (BBU) SBUN (BBU SBUN (BBU BBU I I BBU
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012007 Chg-P	CR2E034 (12/06)
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Des	ired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of h	New Registered Agent
TAYLOR, F 9737 NW 4 DORAL, FL	11 ST #461			s (P.O. Box Number is Not Acce	ptable)
			City		FL Zip Code
8. The above the obligati	named entity submits this statemen lons of registered agent.	t for the purpose of changing its	s registered office or regis	tered agent, or both, in the State	of Florida. 1 am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered ap	not ned the kamplemble /NO	E. Registered Agent signature requ	(red when rehotalist)	DATE
F(L)	E NOW!!! FEE IS \$150,00 ay 1, 2007 Fee will be \$55	9. Election Campa	algn Financing \$ tribution.	5.00 May Be 02/15/07-	088442127 -01012004 **750.00
10.	OFFICERS AF	ND DIRECTORS	11.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS IN 11 Change Addition
NAME STREET ADDRESS CITY+SI-ZIP	TAYLOR, PUAL D 9737 NW 41 ST #461 DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		Change Account
TITLE NAME STREET ADDRESS	V COOPER, SEAN 9737 NW 41 ST #461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'LEARY, KEVIN 9737 NW 41 ST #461 DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additlor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COXIN, SHARON 9737 NW 41 ST #461 DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Detere	TITLE NAME STREET ADDRESS CITY-S1-2P		☐ Change ☐ Addition
12. I hereby of indicated of the conchanged	I on this report of supplemental report paration or the receiver or trustee a , or on an attachment with an addre	rt is true and accurate and that mpowered to execute this repoint in the property of the empowered and	for the exemptions contain my signature shall have the sequired by Chapter of the sequired by Chapter	ned in Chapter 119, Florida Stal he same legal effect as if made 607, Florida Statutes; and that m	tutes. I further certify that the information under oath; that I am an officer or director by name appears in Block 10 or Block 11 if