## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 29, 2007 8:00 am Secretary of State 03-29-2007 90012 034 \*\*\*150.00

1. Entity Nam	MENT # P06000072	2557				03-29-200	7 90012 03	94 ***13	0.00
Principal Place of Business 6234 SILVER OAKS DR ZEPHYR HILLS, FL 33542		Mailing Address 6234 SILVER OAKS DR ZEPHYR HILLS, FL 33542				043917			<b>                                    </b>
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				173			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007	Chg-P	CR2E034	4 (12/06)	
City & State		City & State			4. FEI Number 205	007/	33		plied For t Applicable
Zip	Country	Zip	Zip Coun		5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Ag	jent	
BERRY, JEFFREY 6234 SILVER OAKS DR ZEPHYR HILLS, FL 33542				Name  Street Address (P.O. Box Number is Not Acceptable)  City Zip Code					
				City			FL	Zip Coai	3
SIGNATURE.	Signature mod of registered agent  Signature mod of registered agent  E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Camp	oaign Finar		\$5.00 May Be Added to Fees	•	3-26 DATE	07	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FEICERS AND I	HRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERRY, JEFFREY 6234 SILVER OAKS DR ZEPHYR HILLS, FL 33542	☐ Delete	TITLE NAM STRE		ADDITIONS	CHANGES TO O		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
11TLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		t t				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.

SIGNATURE:

813-714-3271