2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State

 	ANNUAL REPURI		\mathbf{A}	pr 30, 2008 - 08:0
DOCU 1. Entity Nan KEOPICI			P _{1,2} _e 9 4	Secretary of Sta
Principal Plac	ce of Business (Mailing Address)	Hea hatte to help	n folkkonitoeli	
145 HILDEN	I RD 2310 KANAKA DRIVE			
112 PONTE VEDI	RA FL 32081	46 COLL MELA VON	Mr. C. R.	
101112 322	25.	e (B. C.) Salt No.		
			 	
			04282008 No Chg-P	CR2E034 (11/05)
	OO NOT WRITE IN THIS S	PACE ***	4. FEi Number	Applied For
			74-3179121	Not Applicable
			5. Certificate of Status Desire	d \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent			
PICH, SO	VANNARY	170	DO NOT V	NDITE!
2310 KAN	IAKA DRIVE			
7,101,00	IVILLE, FL 32246, 119 SDA		NITHIS S	PAGE:
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				
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECTORS			
TITLE NAME	D PICH, SOVANNARY			
STREET ADDRESS	2310 KANAKA DRIVE			
CITY-ST-ZIP	JACKSONVILLE, FL 32246		(*) (*) (*) (*) (*) (*) (*) (*) (*) (*)	009335171-74 <i>3-34</i> 43, el 08580039±0135150,00 ₃₂ 3
TITLE NAME	D KEO, VAN T			
STREET ADDRESS	738 WAKEMONT DR.			
CITY-ST-ZIP	ORANGE PARK, FL 32065			
NAME				
STREET ADDRESS CITY-ST-ZIP			DO NOTA	NRITE
TITLE			IN THIS S	BACE
NAME CYPECT ADDRESS				
STREET ADDRESS CITY-ST-ZIP		(
TITLE	-			
NAME		おり しょうかきしき	[1] 李明皇后, 克勒·克勒 (4) (4) (4)	# 1886 FOR 1987 FOR A 1997 FOR 1987 FOR 1986 FOR 1987 FOR
STREET ADDRESS				
STREET ADORESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE				
CITY-ST-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied with this filling closes not qualify for			

2. 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 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 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:

Van T. Keo

4/28/08

(904) 403-5441

Daytme Phone #