FILED Jun 12, 2007 8:00 am Secretary of State 05-29-2007 90043 026 ***550.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

5
Secretary
05-29-2007 90043

Principal Place of Business 2801 E HILLSBOROUGH AVE TAMPA, FL 33680 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. O3092007 Chg-P CR2E034 (12/06) Applied For Not Applie
City & State A FEI Number 35 - 2273657 Applied For Not Applicable S. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name RANK J. GRECO, P.A. 4047 HENDERSON BLVD TAMPA, FL 33629 City City FL Zip Code 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 Signature, typed or privided name of registered agent and vite if applicable PATE PAT
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANK J. GRECO, P.A. 4047 HENDERSON BLVD TAMPA, FL 33629 City FL Zip Code 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 Signature, typed or private name of registered agent agent and side 4 applicable (POTE Registered Agent algebraic Registered When remeatang) DATE
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANK J. GRECO, P.A. 4047 HENDERSON BLVD TAMPA, FL 33629 City City FL Zip Code 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 Signature, typed or private name of registered agent and side 4 applicable. PATE PA
FRANK J. GRECO, P.A. 4047 HENDERSON BLVD TAMPA, FL 33629 City City FL Zip Code 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 Signature, typed or printed name of registered agent and site 4 applicable PNOTE. Registered Agent alignature required when remetating) DATE
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Signature, typed or privided name of registered agent and site if applicable. PATE 9. Floriding Comparing Florestice.
City FL Zip Code 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 Signature, typed or printed name of registered agent and site if applicable PADIE. Registered Agent algorithm required when remissang) DATE 9. Election Commonion Electricity 9. Election Commonion Electricity 9. Election Commonion Electricity 9. Electric
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 Signature, typed or provided name of registered agent and side 4 applicable PMOTE. Registered Agent adjecture required when remissangs DATE 9. Election Commonics Expression 9.
SIGNATURE Signature, typed or priviled name of regulariso agent and site 4 applicable PNOTE. Registered Agent alignature required when reinstating) DATE 9. Shouldes Commodice Commodic
a Sharing Comparing Spacetics Co
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Ba Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D Defetts TITLE Change Addition NAME SMITH, DAVID V NAME NAME STREET ADDRESS 2801 E HILLSBOROUGH AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33680 CITY-ST-ZIP CITY
TITLE D Change Addition MAME LUZENBERG, ROBERT S STREET ADDRESS 2801 E HILLSBOROUGH AVE STREET ADDRESS
CITY-ST-ZIF TAMPA, FL 33680 CITY-ST-ZIF TITLE D
STREET ADDRESS 2801 E HILLSBOROUGH AVE STREET ADDRESS CITY-ST-ZP TAMPA, FL 33680 CITY-ST-ZP
TITLE Delete TILLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE Oelets TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE Delate TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
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 ceth; 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 is changed, or on an attachapet with an address, with all other like empowered. Chapter 199. Florida Statutes and that my name appears in Block 10 or Block 11 is changed, or on an attachapet with an address, with all other like empowered.
SIGNATURE SIGNATURE AND TYPED OR PRINTYPO TAMES OF METHODS OF PIPE OR DIRECTOR 5/24/ Dec Doyson Prove 9 8/3/2973