2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

	ANITOAL	. REPORT		_ Secretary of State
DOCUMEI 1. Entity Name CHAD ANSCH	NT # P06000086 HUETZ, P.A.	3345		04-19-2007 90197 004 ***150.00
Principal Place of Bu 945 EAST LAS OLA FORT LAUDERDALE	S BLVD.	Mailing Address 1040 SEMINOLE DRIVE #1460 FORT LAUDERDALE, FL		
2. Principal Place of	f Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192007 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6.	Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
ANSCHUETZ, C 1040 SEMINOL: #1460 FORT LAUDER			Street Addres	ss (P.O. Box Number is Nat Acceptable)
TORT EXOBER	EALL, E. G. SOOT		City	FL Zip Code
8. The above named the obligations of		or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURESignature	re, typed or printed name of registered agen	and little if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE
Signatur	re, typed or printed name of registered agent WIII FEE IS \$150.00 2007 Fee will be \$550.	9. Election Campa	sign Financing \$	\$5.00 May Be Added to Fees
FILE NO After May 1,	WIII FEE IS \$150.00 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont	sign Financing \$	\$5.00 May Be
FILE NO After May 1, 10. TITLE P NAME ANS STREET ADDRESS 1040	Will FEE IS \$150.00 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont	sign Financing \$	\$5.00 May Be Added to Fees
FILE NO After May 1, 10. TITLE P NAME ANS STREET ADDRESS 1040	OW!!! FEE IS \$150.00 2007 Fee will be \$550. OFFICERS AND SCHUETZ, CHAITS D SEMINOLE DRIVE	9. Election Campa Trust Fund Cont	ign Financing \$ tribution. A 11. TILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
FILE NO After May 1, 10. TITLE PANS STREET ADDRESS CITY-ST-ZIP FOR TITLE NAME STREET ADDRESS	OW!!! FEE IS \$150.00 2007 Fee will be \$550. OFFICERS AND SCHUETZ, CHAITS D SEMINOLE DRIVE	9. Election Campa Trust Fund Cont DIRECTORS Defete	ign Financing tribution. A 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
FILE NO After May 1, 10. TITLE P NAME ANS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OW!!! FEE IS \$150.00 2007 Fee will be \$550. OFFICERS AND SCHUETZ, CHAITS D SEMINOLE DRIVE	9. Election Campa Trust Fund Cont DIRECTORS Delete	ign Financing Iribution. A A 11. IIILE NAME SIREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition
FILE NO After May 1, 10. TITLE P NAME ANS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OW!!! FEE IS \$150.00 2007 Fee will be \$550. OFFICERS AND SCHUETZ, CHAITS D SEMINOLE DRIVE	9. Election Campa Trust Fund Cont DIRECTORS Delete Delete	Initial Control of the Control of th	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition 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:

AFORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

954.562.8656

Daytime Phone #