2007 FOR PROFIT CORPORATION ANNUAL REPORT

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4600 MCGREGOR BLVD STE B FT MYERS, FL 33901-8855 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, April #, 460:	Principal Place of Business Mailing Address					٧ / کور	-TALLAHA	SSEE. F	LORIDA		
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8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILE NOTIFIED BY STAND DIRECTORS 111. Do 1525: THE DO 1525: T	City & State		City & State			/	52711	09	—	` -	
Normal N	Zip	Country	Zíp	Coun	try	5. Certificate	of Status Desired				
Sheet Address (P.O. Box Number is Not Acceptable) Sheet Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	Registered Agent			7. Name and	Address of New		 		
STORMATURE TILE MOWITH FEE 18 \$15.00 TILE MOWI	IOUNGON VEIGNE				Name						
The above named/agity submiss this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Signature	4600 MCGREGOR BLVD STE B				Street Address (P.O. Box Number is Not Acceptable)						
S. The above named agent 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 from 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 from the purpose of changing its registered depends of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature from the purpose of changing its registered agent agent and signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature from the purpose of changing its registered agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature from the purpose of changing its registered agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature from the purpose of changing its registered agent registered agent registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the pu		,				_					
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ARREY May 1, 2007 Foe will be \$550.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE_	Signature, typed or printed name of registered agen-	t and title if applicable. (NO	TE: Registere	d Agent signature requ	ired when remstating)		DATE			
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12. I hereby certify that the information supplied with this filling 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	CTTY-ST-ZIP										
	12. I hereby indicated	certify that the information supplied wi	th this Illing does not qualify is true and accurate and that	for the ex	emptions contai	ned in Chapter 11 he same legal effe	9, Florida Statutes ct as if made unde	. I further cer er oath; that I	tify that the is am an officer	nformation or director	

of the corporation or the receiver of 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: ___

BIGHARDE AND TYPED OBJERNIED NAME OF BIGHING OFFICER OR DIRECTOR