FILED Jun 20, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT			05-28-2008 90012 038 ***158.75
1. Entity Nan	MENT # P06000098	513)	<i>3</i>
1950 WEST	rincipal Place of Business Mailing Address 950 WEST NEW YORK AVENUE 1950 WEST NEW YORK AVENUE ELAND, FL 32720 DELAND, FL 32720		Ε	- 1287)081 K	66014501 (Alle Color Col
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03052008 4. FEI Numb 20-826 5. Certificate	
GRATTON, CHARLES 1950 WEST NEW YORK AVENUE DELAND, FL 32720			DO NOT WRITE IN THIS SPACE		
8. The above named entity submits, this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privated name of registered agent and size if applicable. (NOTE: Registered Agent signature required when rematizing) DATE					
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees	M.
10. ITTLE MAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND D PSTD GRATTON, CHARLES 1950 W NEW YORK AVENUE DELAND, FL 32720	HECTORS		i ·	
NAME STREET ADDRESS CITY-ST-ZIP				:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			· · ·-		NOT-WRITE-
HAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE HAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this titing 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: (SIGNATURE) SIGNATURE: (SIGNATURE) SAME OF MONIMO OFFICER OR DIRECTOR DIRECTOR					