2007 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business	DOCUMENT # P06000103016								FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
2. Principal Place of Business - No P.O. Box # 3. Making Address														
Suite	310 MARTIN MCCRAY RD PO BOX 111					-	1							
City & State	Principal Place of Business - No P.O. Box #							· · · · · · · · · · · · · · · · · · ·						
Second Country Second Country Second	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				08292007	Chç	j-P	CR2	E034 (12/06)			
S. Cerlinates and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe	City & State			City & State				& EEI Number	195	56	,	<u> </u>		
Night Name Street Address (P.C. Box Number is Not Acceptable) Street Address	Zip	Country		Zip	Zip Coun		ntry		5. Certificate	of Status	Desired			
Sircet Address (P.C. Box Number is Not Acceptable) City		6. Name a	nd Address of Curren	t Registered	Agent		Name		7. Name and	Address	of New	Registere	d Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Comment	310 MARTIN MCCRAY RD						Street Address (P.O. Box Number is Not Acceptable)							
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 Speaker, typed or printed remote of impressed agent and taken accidedate. (NOTE, Repaised Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Change Addition							City					F	Zip Cod	e
SIGNATURE Signature Signa		ed office or r	register	ed agent, or bo	th, in the	State of F			and accept					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME SIREET ADDRESS CITY-ST-2P TITLE MAM														·
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE KNIGHT, KARO Delete MAKE STREET ADDRESS CITY-ST-2P DELETE CITY-ST-2P ITILE Delete MAKE STREET ADDRESS CITY-ST-2P DELETE CITY-ST-2P ITILE Delete MAKE STREET ADDRESS CITY-ST-2P CITY-ST-2P ITILE MAKE STREET ADDRESS CITY-ST-2P CITY-ST-2P ITILE MAKE STREET ADDRESS CITY-ST-2P MAKE CITY-ST-2P ITILE MAKE MAKE STREET ADDRESS CITY-ST-2P ITILE MAKE MAKE MAKE MAKE STREET ADDRESS CITY-ST-2P ITILE MAKE M		Signature, typed or	printed name of registered ager	and title if applic	able. (NOTE	: Registere	ed Agent signaturi	e required) when reinstating)			DAT	E	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chaptel 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.	r or director													
SIGNATURE: X Manue And Typed on Printed NAME of Signing Officer on Director Date Dayline Prope #	SIGNAT	1-41221												