## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 04, 2007 8:00 am Secretary of State

### Stock Address of Current Registered Agent    S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   RICHARDSON, CAROL Y EA   Stock Address of New Registered Agent   DATE   Date	1. Entity Name	PLIANCI	#P0600011	4				05-02-20	07 900	95 001 **	*150.00	
Side, Apr. 4, etc.  State  City & State  A. FEI Number  City & State  B. Name and Address of Current Registered Agent  RICHARDSON, CAROL Y EA  8375 US HWY 19 N  Silve Address, CPO. Bon. Number is Not Acceptable)  Silve Address, CPO. Bon. Number is Not Acceptable is Not Acceptable in Acceptable in Acceptable in	3671 52ND A	AVE N		3	671 52ND AVE N	3714			\$200 \$10 800 880 680 6			N T 81 1/1 11 81
City & State  Ci	2. Principal Pl	ace of Busin	ess - Na P.O. Box #	3.	3. Mailing Address							
Zip Country Zic Country S. Certificate of Status Desired S. S. As Additional of Status Desired S. S. 75 Accidented Status Desired Status Desi	Suite, Apt. #, etc.				Suite, Apt. #, etc.			04302007	Chg-P	CR2I	E034 (12/06)	
B. Hame and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  RICHARDSON, CAROL Y EA 9375 US HWY 19 N  Streat Address (P.O. Box Number is Not Acceptable)  ET L  Streat Address (P.O. Box Number is Not Acceptable)  ET L  Streat Address (P.O. Box Number is Number is Not Acceptable)  ET L  Streat Address (P.O. Box Number is Not Acceptable)  ET L  Streat Address (P.O. Box Number is Not Acceptable)  ET L  Streat Address (P.O. Box Number is Not Acceptable)  ET L  Streat Address (P.O. Box Number is Number is Not Acceptable)  ET L  Streat Address (P.O. Box Number is Number is Number is Number is Not Acceptable)  ET L  Streat Address (P.O. Box Number is Number	City & State				City & State				37	<i>/</i>	pplied For ot Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country			Zip Co		try	5. Certificate	of Status Desired			
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 agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligations of registered agent, or both, in the State of Florids. I and familiar with, and acceptable by the obligation of the florids agent, or both, in the State of Florids. I and familiar with and acceptable by the sum of the obligation of the florids agent, or both, in the State of Florids. I and familiar with an acceptable by the sum of the obligation of the florid by the property of the florid by the sum of the florid by the obligation of the florid by the obligati		and Address of Curren	tered Agent		Name	7. Name and	Address of New	Registere	d Agent			
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Incidence of registered agent.  SIGNATURE  S	PINELLAS	PARK, F	L 33782				City			F	L Zip Coo	je
FILE NOWILI-FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10.				for the p	ourpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of F	lorida la	m familiar with	and accept
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SIGNATURE: NORMATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Daylors Prom 4	indicated of the co- changed	t on this reportion or l	ort or supplemental report the receiver or trustee em	l is true Poowere	and accurate and that i id to execute this report	ny signa as requ	riuse chall nave me	i same legal end 7, Florida Statut	es; and that my na	r oath: mai me appear	s in Block 10 o	or Block 11 if