FILED Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90172 014 ***150.00

2007 FOR PROFIT CORPORATION

ANNUAL REPORT										
1. Entity Nam	ne .	# P06000117								
Principal Plac	o of Elucinos		1.	┨	arone3					
4524 TINA L		S	Mailing Address 4524 TINA LN		40059763					
PLANT CITY, FL 33563			PLANT CITY, FL 33563							
			·			1 100111001 111 0	1812 - Stil Selii Pelli est			(148) (1748)
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04102007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Number			- I Ac	plied For
							603216			t Applicable
Zip	Zip Country		Zip Coun		ntry	5. Certificate of	of Status Desired		8.75 Add	
6. Name and Address of Current F			egistered Agent			7 Name and 4	Address of New P		ee Required	d
	***************************************		7. Name and Address of New Registered Agent Name							
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Street Address (P.O. Box Number is Not Acceptable)					
4TH FLOC MIAMI, FL						•				
				City			FL	Zip Code	e	
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 the obligations of registered agent.									and accept	
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR!	S IN 11
TITLE	PSTD		☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	POCO, PA 4524 TINA			NAM	ie Ee1 address					-
CITY-ST-ZIP	i .	TY, FL 33563			-ST-ZIP					
TITLE	V		☐ Delete	TITE	E				☐ Change	Addition
NAME	1	KATHERYN		NAM	-					_
STREET ADDRESS CITY-ST-ZIP	4524 TIN	A LN TY, FL 33563			EET ADDRESS '-ST-ZIP					İ
TITLE	1.274110	111,12 33303	☐ Delete	IBL					Change	- Addition
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STREET ADDRESS					EET ADDRESS					ł
CITY-ST-ZIP				_	7-S1-ZIP					
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CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			Delete	TITL	I			l	☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STR	KE Eet address					İ
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TITLE			☐ Delete	TITL	E			1	☐ Change	☐ Addition
NAME				NAM	l					
STREET ADDRESS CITY - ST - ZIP				EET ADDRESS (-S1-ZIP						
12. 1 hereby 0	Certify that th	e information supplied with	this filing does not qualify t	or the ex	emptions contained	d in Chapter 110	Florida Statutes 1	further certify	v that the	oformation
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-end 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICENCY Date Dat										
		SIGNATURE AND TOPPED OR I	- NUR IND NAME OF SIGNING OFFICE	K UK DIREC	TOR	/	Date	Day	/time Phone #	Į.