## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 17, 2007 8:00 am Secretary of State

			05-17-2007 90036 006 ***150.00				
Principal Place of Business Mailing Address			42				
9522 AFFIRMED LANE BOCA RATON, FL 33496  9522 AFFIRMED LANE BOCA RATON, FL 3349	96	4011		187 (1878 12P)) PSY2 81	\$31 <b>8</b> (1)1 191	1(12) 11 (12)	
Principal Place of Business - No P.O. Box #     Mailing Address							
Suite, Apt. #, etc.  Suite, Apt. #, etc.	·		Chg-P	CR2E034	(12/06)		
City & State City & State		4. FEI Number 20-580				optied For ot Applicable	
Zip: Country Zip	Country	5. Certificate	of Status Desired		.75 Add		
6. Name and Address of Current Registered Agent	<u>'                                    </u>	7. Name and	Address of New I	Registered Age	nt		
RÜSNIAK, ROBERT J 9522 AFFIRMED LANE	Name Street Addi	ress (P.O. Box Numb	er is Not Acceptabl	e)			
BOCA RATON, FL 33496	-					•	
	City			FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.  SIGNATURE  Signature, typed or provided name of registered agent and little if applicable.  (NOTE)	registered office or re		th, in the State of Fi	orida. I am fam	liar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees				. '	
10. OFFICERS AND DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	FICERS AND DI	RECTOR	\$ IN 11	
TITLE PD Defete NAME RUSNIAK, ROBERT J	TITLE NAME				Change	Addition	
STREET ADDRESS 9522 AFFIRMED LANE CITY-SI-ZIP BOCA RATON, FL 33496	STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C.	Change	☐ Addition	
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. 0	Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP	TITLE NAME STREET ADDRESS CHY-ST-ZIP				Change	Addition	
TITLE Delicte  NAME  STREET ADDRESS  CITY-SI-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for	TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemptions cont	tained in Chapter 119	t, Florida Statutes.		Change	Addition	

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 the empowered.

GNATURE:

| SIGNATURE AND TYPED R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

SIGNATURE: \_

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000120457  1. Entity Name THE PRESSURE IS ON INC.  Principal Place of Business Mailing Address				ATTACHMENT					
9522 AFFIRMED LANE BOCA RATON, FL 33496  9522 AFFIRMED LANE BOCA RATON, FL 33496		-11	01155	11.5	•				
2. Principal Place of Bu	Principal Place of Business - No P.O. Box # 3. Mailing Address		- H		てり				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	03292007	Chg-P	CR2E034	(12/06)			
City & State		City & State	City & State		or 07343	Applied Fo		plied For t Applicable	
Zip	Country	Zip	Country	5 Certificate of Status Desired		8.75 Additional			
6. Nar	ne and Address of Curre	nt Registered Agent	Name	7. Name and	Address of New I	Registered Ag	ent		
RUSNIAK, ROBERT J 9522 AFFIRMED LANE BOCA RATON, FL 33496				Street Address (P.O. Box Number is Not Acceptable)					
			City (			FL	Zip Code		
FILE NOW!	ped or priviled name of registered ag	9. Election Campa		squired when reinstablig) \$5.00 May Be Added to Fees		DATE			
10.	07 Fee will be \$55	ND DIRECTORS	11.	-	CHANGES TO OFF	EICEDS AND F	IDECTOR	2 IAI 11	
TITLE PD RUSNIA STREET ADDRESS 9522 AF	AK, ROBERT J FFIRMED LANE RATON, FL 33496	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	70011010			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		te	TITLE NAME STREET ADDRESS CITY-ST-ZIP			]	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcie	TITLE NAME STREET ADDRESS CITY-S1-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- (	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			]	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
indicated on this rep	port or supplemental repor ir the receiver or trustee er	with this filing does not qualify fit is true and accurate and that mpowered to execute this reports, with all other like empowered	my signature shall have t as required by Chapte	the same legal effe	ct as if made under	nath: that I are	i an officer	or director	
SIGNATURE:	SIGNATURE AND TYPED	DR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		O4 -30 -	<del>-</del>	ume Phone #		