## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P06000125819**

1. Entity Name



## FILED May 17, 2007 8:00 am Secretary of State 05-17-2007 90040 024 \*\*\*150.00

Principal Place of Dutiness:   National Actions   1500 INNERSITY BOULEVARD WEST   1500 INNER	HB FRAN	I GROUP, INC.								
Suite, Apt. F, ctc.    City & State   City & City & State   City &	1500 UNIVERSITY BOULEVARD WEST		1500 UNIVERSITY BOULEVARD WEST		•	٠.	D'EL IIII (4164 88	191 (2112) (121 <b>0</b> ) (121	†1 <b>88</b> )    <b>188</b>	
Coy & State   City & City & State	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02192007	Chg-P	CR2E0	34 (12/06)	
Country	City & State		City & State			4. FEI Numb	56546	58	_ <del>                                    </del>	•
Name	Zip	Country	Zip Country		:			п		
BILL DEBRA S 8824 GOODBY'S EXECUTIVE DR. SUITE A JACKSONVILLE, FL 32217  8. The above named entity submits this statement for the purpose of changing its registered effice 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 registered agent, or both, in the S		6. Name and Address of Current	t Registered Agent			7. Name and	Address of New	Registered A	Agent	
SIDITE A JACKSONVILLE, FL 32217  8. The above amend entity submits this statement for the purpose of changing its registered agent, or both, in the Slate of Florida. I am familiar with, and accept the obligations of registered agent. :  SIGNATURE  FILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  ITTLE  ITT				Na	me					
ACKSON-ILLE, FL 32217	8834 GOO			Str	reet Address (F	P.O. Box Numb	er is Not Acceptab	le)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am amiliar with, and accept the obligations of registered agent. **  ***SIGNATURE**  **		VILLE, FL 32217								
SIGNATURE   Signature   Market		·		City	ly		······································	FL	Zip Cod	е
SIGNATURE   Signature Report or printed reported agent and size if apolicable.   (NOTE: Registered Agent signature required when revealable)   Date										and accept
### PACIFICO, FRANK NITE NOWILE FEE IS \$150.00 10.	### CONTRACTOR OF TABLET & CONTRACTOR OF TABL									
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1.1.2 Chargest computing the information supplied with this filling does not qualify for the exemptions analysis of the Charges 44A. Florida Charges 14. at 1		cortify that the information as anti-	h this filing does not qualify for			in Charter 111	) Clarida Ct-t t	I familiar a series	if the state of	

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 this empowered.

**SIGNATURE:** 

Daytime Phone #