

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90042 032 \*\*\*150.00

| <b>DOCUMENT # P06000126708</b><br>1. Entity Name<br><b>HS HEAVY EQUIPMENT, INC.</b>   |                           |   |  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|---|---------------------------|---|--|--|---|----------------------------|--|--|---|--|--|-------|---------------------------|---------------------------------|-------|--|---|------|--------------------|--|------|--|--|----------------|------------------------|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|---------------------------|---------------------------------|-------|--|---|------|--------------------|--|------|--|--|----------------|------------------------|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|----------------------|---------------------------------|-------|--|---|------|--------------------|--|------|--|--|----------------|------------------------|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>15 MAPLE AVE NORTH</b><br><b>LEHIGH ACRES, FL 33936 US</b>  |                           |   | Mailing Address<br><b>15 MAPLE AVE NORTH</b><br><b>LEHIGH ACRES, FL 33936 US</b> |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |                           |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State  |                           |   | City & State   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip   |                           | Country   |  | 4. FEI Number<br><b>20-5712181</b>   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                           | \$8.75 Additional Fee Required  |  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SANCHEZ, HERIBERTO</b><br><b>15 MAPLE AVE</b><br><b>LEHIGH ACRES, FL 33936</b>  |                           |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |                           |   |  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$350.00</b>   |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P/D<br/>SANCHEZ, HERIBERTO</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">15 MAPLE AVE NORTH</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">LEHIGH ACRES, FL 33936</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP/D<br/>SANCHEZ, MANUEL J</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">15 MAPLE AVE NORTH</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">LEHIGH ACRES, FL 33936</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">S<br/>PASRICHA, KIRYN</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">15 MAPLE AVE NORTH</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">LEHIGH ACRES, FL 33936</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> |                           |   |  |  |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | P/D<br>SANCHEZ, HERIBERTO | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 15 MAPLE AVE NORTH |  | NAME |  |  | STREET ADDRESS | LEHIGH ACRES, FL 33936 |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE | VP/D<br>SANCHEZ, MANUEL J | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 15 MAPLE AVE NORTH |  | NAME |  |  | STREET ADDRESS | LEHIGH ACRES, FL 33936 |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE | S<br>PASRICHA, KIRYN | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 15 MAPLE AVE NORTH |  | NAME |  |  | STREET ADDRESS | LEHIGH ACRES, FL 33936 |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS  |                           |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | P/D<br>SANCHEZ, HERIBERTO | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | 15 MAPLE AVE NORTH        |   | NAME   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | LEHIGH ACRES, FL 33936    |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                           |   | CITY-ST-ZIP  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | VP/D<br>SANCHEZ, MANUEL J | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | 15 MAPLE AVE NORTH        |   | NAME   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | LEHIGH ACRES, FL 33936    |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                           |   | CITY-ST-ZIP  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | S<br>PASRICHA, KIRYN      | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | 15 MAPLE AVE NORTH        |   | NAME   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | LEHIGH ACRES, FL 33936    |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                           |   | CITY-ST-ZIP  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |                           | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |                           |   | NAME   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                           |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                           |   | CITY-ST-ZIP  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |                           | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |                           |   | NAME   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                           |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                           |   | CITY-ST-ZIP  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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 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.  |                           |   |  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| SIGNATURE: <u>Kiryn Pasricha</u> <u>3/10/07</u> <u>239-877-3070</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR</small>   |                           |   |  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                           |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |                      |                                 |       |  |   |      |                    |  |      |  |  |                |                        |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |