2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

07-02-2007 90037 003 ***150.00 DOCUMENT # P06000146321 ELLIS, GED, DOLMAN & BERMAN, P.A. 40122448 Principal Place of Business Mailing Address 1870 WATEROAK DR. W 1870 WATEROAK DR. W CLEARWATER, FL 33764 CLEARWATER, FL 33764 3. Mailing Address 2. Principal Place of Business - No P.O. Box # COST SHEET 800 COUR Stier Suite, Apt. #, etc. Suite, Apt. #, etc. 06282007 Chg-P CR2E034 (12/06) City. & State Cleuwu 466 City & State 4. FEI Number 30-592//63 Applied For IC W Water Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOLMAN, MATTHEW A 1870 WATEROAK DR. W CLEARWATER, FL 33764 Cleusvater Zip Code 756 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 lamiliar with, and accept the obligations of rec 6-28-07 (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Defete TITLE Change Addition ELLIS, RONDA & NAME NAME STREET ADDRESS N. FEDERAL HWY STREET ADDRESS BOCA RATON, FL 33487 CITY - ST-ZIP CHY ST /IP TITLE Delete TITLE Change Addition NAME ELLIS, CHARLES G NAMI STREET ADDRESS N. FEDERAL HWY STREET ADDRESS BOCA RATON, FL 33487 CITY - ST-ZIP CITY ST ZIP Matthew A. Dulman 800 coust street TITLE Delete TIFLE Change ■ Addition DOLMAN, MATTHEW A NAME NAME STREET ADDRESS STREET ADDRESS 1870 WATEROAK DR. W Clenswater fl 33756 CITY-SI-ZIP CLEARWATER, FL 33764 CHY ST ZIP Theodole J. Berman TITLE Delete HILE Change [Addition NAME BERMAN, THEODORE NAM 800 COUST STIECT STREET ADORESS 1870 WATEROAK DR. W STREET ADDRESS (lewwater, f) 33756 CITY-ST-ZIP CLEARWATER, FL 33764 CITY \$1-ZIP ☐ Addition IIILE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP 12. Thereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other/like empowered.

)7-585-520

FILED Jul 02, 2007 8:00 am

Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

	SED, DOLMAN & BERMA			ATTACHMENT				
Principal Place of Business 1870 WATEROAK DR. W CLEARWATER, FL 33764		1870 WATER	Mailing Address 1870 WATEROAK DR. W CLEARWATER, FL 33764					
t. Principal (Place of Business - No P.O. Box #	3. Mailing Add	ress		- 4(リスス	448	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			Chg-P	CR2E034 (12/0	5)
City & State		City & State	City & State			er) 	Applied For Not Applicabl
Zip	Country	Zip	Соц	untry	5. Certificate	of Status Desired	_ \$9.75 <i>i</i>	Additional
	6. Name and Address of Cur	rent Registered Agent		Name	7. Name and	Address of New	Registered Agent	
	, MATTHEW A TEROAK DR. W				Street Address (P.O. Box Number is Not Acceptable)			
CLEARW	ATER, FL 33764							·—-
				City		· · · · · · · · · · · · · · · · · · ·	FL Zip Ci	ode
the above	e named entity submits this statementations of registered agent.	nt for the purpose of ch	nanging its registe	ered office or regis	stered agent, or bo	oth, in the State of f	Florida. I am familiar wil	th, and accep
SIGNATURE								
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE Registe	ared Agent signature requ	ured when reinstating)		DATE	
	ILE NOW!!! FEE IS \$150.0 Due by September 14, 200	T	on Campaign Fin Fund Contribution	· - '	55.00 May Be Added to Fees	In accordance corporation di	with s. 607.193(2)(bid not receive the price), F.S., the or notice.
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