

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90118 017 \*\*\*150.00

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| <b>DOCUMENT # P06000151157</b><br>1. Entity Name<br><b>GLYN DOWER WEB DESIGNS, INC.</b>   |                        |   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|---|------------------------|---|---|--|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|--|---|------|----------------------|--|------|--|--|----------------|------------------------|--|----------------|--|--|-------------|--------------------|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>15184 DUSTY PINE TRAIL</b><br><b>BROOKSVILLE, FL 34613 US</b>   |                        |   | Mailing Address<br><b>15184 DUSTY PINE TRAIL</b><br><b>BROOKSVILLE, FL 34613 US</b> |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>1   |                        | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State  |                        | City & State  |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip Country   |                        | Zip Country   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><b>GROSS, CHRISTOPHER D</b><br><b>15184 DUSTY PINE TRAIL</b><br><b>HERNANDO, FL 34613</b>  |                        |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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.<br>SIGNATURE:<br><small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                        |   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b><br>Added to Fees |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <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: 55%; padding: 2px;">PVST</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">GROSS, CHRISTOPHER D</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;">15184 DUSTY PINE TRAIL</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;">HERNANDO, FL 34613</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><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 colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><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 colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><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 | PVST | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | GROSS, CHRISTOPHER D |  | NAME |  |  | STREET ADDRESS | 15184 DUSTY PINE TRAIL |  | STREET ADDRESS |  |  | CITY-ST-ZIP | HERNANDO, FL 34613 |  | 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 |  |  |  |  |  |  |  |  | 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   | PVST                   | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | GROSS, CHRISTOPHER D   |   | NAME  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | 15184 DUSTY PINE TRAIL |   | STREET ADDRESS  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | HERNANDO, FL 34613     |   | 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   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|   |                        |   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                        |   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Date: <b>4/09/08</b><br><small>Daytime Phone #</small>  |                        |   |   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                        |  |                |  |  |             |                    |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |