2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

Principal Place of Business 1037 STONE LAKE DRIVE ORMOND BEACH, FL 32174 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc.
2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. O4102008 Chg-P CR2E034 (12/06) City & State City & State
Suite, Apt. #, etc. Suite, Apt. #, etc. O4102008 Chg-P CR2E034 (12/06) City & State City & State
City & State A FEI Number 22 - 39 5 3 3 2 5
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City COUNTRED BEACH, FL Zip Code 74 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 familiar with, and accept the obligations of registered agent. SIGNATURE LIANE F. BUX Signature, typed or printed name of registered agent and talled approache. [NOTE: Propositered Agent signature recoursed from reinstating) PRINCIPA PATE 9. Election Campaign Financing \$5.00 May Be
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 8. The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE LIANE F. BUX Signature, typed or printed name of registered agent and talle if applicable. In Country S. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name LIANE F. BUX Street Address (P.O. Box Number is Not Acceptable) ORNOND BEACH FL Zip Code ORNOND BEACH City Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE LIANE F. BUX Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature recultable from reinstating) PRINCIPA CATE 9. Election Campaign Financing \$5.00 May Be
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Street Address (P.O. Box Number is Not Acceptable) City ROOND BEACH, FL Zip Code 32174 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 familiar with, and accept the obligations of registered agent. SIGNATURE LIANE F. BUX Signature, hyped or printed name of registered agent and talled approaches. (NOTE: Registered Agent signature regulated from reinstating) PRINCIPA PATE 9. Election Campaign Financing \$5.00 May Be
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City ROND BEACH, FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE LIANE F. BUIX Signature, hyped or printed name of registered agent and talled approache. (NOTE: Registered Agent signature recultable from reinstating) PRINCIPA CATE 9. Election Campaign Financing \$5.00 May Be
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City ROND BEACH, FL Zip Code 32174 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 familiar with, and accept the obligations of registered agent. SIGNATURE LIANE F. BUIX Signature, hyped or printed name of registered agent and talled approache. (NOTE: Registered Agent signature regulated from reinstating) PRINCIPA PATE 9. Election Campaign Financing \$5.00 May Be
MIAMI, FL 33145 City PROND BEACH FL Zip Code 74 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 familiar with, and accept the obligations of registered agent. SIGNATURE LIANE F. BUIX Supposed by 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 LIANE F. BUIX Supposed by 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 LIANE F. BUIX Supposed by PRINCIPA PATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
the above named entity submits this statement for the purpose of changing its registered agent, or ooth, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE LIANE F. BUIX Signature, hyped or purited name of registered agent and talle if applicable. (NOTE: Registered Agent signature required from reinstating) PRINCIPA PATE FILE NOWILL FE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
the above named entity submits this statement for the purpose of changing its registered agent, or ooth, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE LIANE F. BUIX Signature, hyped or purited name of registered agent and talle if applicable. (NOTE: Registered Agent signature required from reinstating) PRINCIPA PATE FILE NOWILL FE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
SIGNATURE LIANE F. BUIX Superior Development and use of applicable (NOTE: Registered Agent signature required men reinstating) PRINCIPA PATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
Signature, typed or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature requized Anen reinstating) PRINCIPA DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
FILE NOWIII FEE IS \$ 150.00
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD Delete TITLE T Change MAddition
NAME BUIX, LIANE F STREET ADDRESS 1037 STONE LAKE DRIVE NAME GRANT E. MCDONALD STREET ADDRESS 1037 STONE LAKE DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP ORMOND BEACH, FL 32174
TITLE Delete TITLE Change Addition
NAME NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition NAME NAME
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Oelete TITLE Change Addition
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 AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

SIGNATURE:

LIANE F. BUIX PRESIDENT 4/10/08

FFICER ON DIRECTOR

Date

Description