2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P07000054799 1. Entity Name						04-26-2006 9	03/4 03:	5 ~~ 136.	.13	
Principal Place		Mailing Address 149 BURRELL CIRCLE	-			40085992				
149 BURRELL CIRCLE 149 BURRELL CIRCLE KISSIMMEE, FL 34744 KISSIMMEE, FL 34744				-	10000	004				
Principal Place of Business - No P.O. Box # 3. Mailing Address				<u> </u>						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			9)((:98))			184) IL 1881	
City & State		City & State			04032008	Chg-P	CR2E03	34 (12/06)	plied For	
					4. Fillumber	3974	271	No	t Applicable	
Žíp I	Country	Zíp	Count		.	f Status Desired		\$8.75 Add ee Required		
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name								
AKHIGBE, MACAULAY O 149 BURRELL CIRCLE KISSIMMEE, FL 34744				Street Address (P.O. Box Number is Not Acceptable)						
		•	City				FL	Zip Code	,	
	named entity submits this statement fi	or the purpose of changing i	ts register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE_								<u> </u>		
	Signature, typed or printed name of registered agen	nt and title if applicable. (NC	OTE: Registers	od Agent signature require	od when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.					0.00 May Be ded to Fees				41.0	
10.	OFFICERS AND		11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND			
NAME	CEO , AKHIGBE, MACAULAY O	Delete	TITL NAM	I				Change	☐ Addition	
STREET ADDRESS	149 BURRELL CIRCLE KISSIMMEE, FL 34744		STR	EET ADDRESS						
TITLE	P	☐ Defete	TITL	1				Change	Addition	
NAME STREET ADDRESS	AKHIGBE, ANNETTE 149 BURRELL CIRCLE		1	EET ADDRESS						
CITY+ST-ZIP	VOO	Delete	TITL	r-ST-ZIP				Change	☐ Addition	
- NAME	AKHIGBE: KELSEY O	C Delete	NAM	I				Grange	C nagation	
STREET ADDRESS CITY+ST-ZIP	149 BURRELL CIRCLE KISSIMMEE, FL 34744		1	EET ADORESS 7-ST-ZIP						
TITLE	vos	☐ Delete	TITL					☐ Change	Addition	
NAME STREET ADDRESS	WALKER, CURTIS 149 BURRELL CIRCLE	•	NAN . etd	AE EET ADDRESS						
CITY-ST-ZIP	KISSIMMEE, FL 34744			Y-ST-ZIP						
TITLE	-	☐ Delete	firt					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP					-	
TITLE		☐ Defete	1111					☐ Change	Addition	
NAME STREET ADDRESS	İ		NAA STR	AE EET ADDRESS						
CITY-ST-ZIP	•			Y-ST-ZIP		•				
12. I hereby	certify that the information supplied wi	th this filing does not qualify	for the ex	remptions contains	ed in Chapter 119.	Florida Statutes.	I further cert	ify that the in	nformation	

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. MACAULAY O. AKHILBE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #