2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90052 045 ***158.75

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·		Zip Count		iry	5. Certificate of	of Status Desired	×	\$8.75 Add Fee Required		
KENZIE	6. Name and Address of Current Register				7. Name and Address of New			Agent	nt	
2				Name Street Addres	ss (P.O. Box Numbe	r is Not Acceptable	e)			
				City			F	L Zip Code	e	
egistered agent,		f applicable. (NC	DTE: Registered	d Agent signature requ	urred when reinstating)		DATE			
2008 Fee will be \$5	50.00	Trust Fund Cor	ntribution.		Added to Fees					
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	entity submits this stateme egistered agent. Ivped or crinted name of registered will be \$5 OFFICERS. FRARD, MAKENZIE JE 160 ST JI, FL 33162	entity submits this statement for the pegistered agent. Invoco or preted name of registered agent and life. Invoco or preted name of reg	entity submits this statement for the purpose of changing it egistered agent. Indeed or ented name of registered agent and little if applicable. Investigation of the purpose of changing it egistered agent and little if applicable. (NC INVESTIGATION OFFICERS AND DIRECTORS FRARD, MAKENZIE IE 160 ST II, FL 33162 Delete Delete Delete	entity submits this statement for the purpose of changing its registered egistered agent. Invoct or owned name of registered agent and little of applicable. Invoct or owned name of registered agent and little of applicable. (NOTE: Registered agent agent and little of applicable. (NOTE: Registered agent a	Street Address City City entity submits this statement for the purpose of changing its registered office or regisegistered agent. Index or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature red (NOTE: Registered Ag	Street Address (P.O. Box Number City City entity submits this statement for the purpose of changing its registered office or registered agent, or both egistered agent. Inved or preter have of registered agent and little if applicable. (NOTE: Registered Agent Ingristive reduced when reinstaling) Will FEE IS \$150.00 OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 11. ADDITIONS/ FRARD, MAKENZIE INTE NAME SIREET ADDRESS CITY-ST-ZIP Detate INTE NAME SIREET ADDRESS CITY-ST-ZIP Detate	Street Address (P.O. Box Number is Not Acceptable City City entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fit egistered agent. Inved or critici have of registered agent and life if applicable. (NOTE: Registered Agent transmitter returned when remaking) 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFI NAME RARD, MAKENZIE WE 160 ST IN FL 33162 Detete INLE NAME SIRET ADDRESS CITY-ST-ZIP Detete SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP	Street Address (P.O. Box Number is Not Acceptable) City F entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I an egistered agent. Interview of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I an egistered agent. Interview of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I an egistered agent. Interview of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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