## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P07000091639**



**FILED** Jan 16, 2008 8:00 am Secretary of State

, NORTH	EXINGTO	ON CORP		:			01-16-2008	90017 001	7 ***150	.00
Principal Place of Business  29 NORTH LEXINGTON AVE ASHEVILLE, NC 28804  Mailing Address P.O. BOX 546286 SURFSIDE, FL 33154				•			ālu ipān āčini ācin pu	tin 2016 dia m	PR #1188 FINE B	(( <b>48</b> ) (1 ) <b>84</b> )
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122008	Chg-P	CR2E0	34 (12/06)		
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Zip Country		Zip Count		у		f Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					Nama	7. Name and A	Address of New	Registered A	gent	
CRANE, PHYLLIS A 1028 88 ST SURFSIDE, FL 33154					Name  Street Address (P.O. Box Number is Not Acceptable)					
SUKFSIDI	E, FL 3315								-,	
<b>;</b>					City			FL	Zip Cod	e
	named entity tions of registe		for the purpose of changing its	s registere	d office or registe	ered agent, or both	, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered age	ent and title if applicable. (NO	TE: Registered	Agent signature require	ed when reinstating)		DATE		
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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 charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 36 166257