2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P07000095 MENT # P07000095 MENT MENT, INC.			7-10-2008 900	y 01 State 015 018 ***150.00			
Principal Place of Business Mailing Address		Dav	ve V Lake Underhill h	κ υ				
10551 GLASSBOROUGH DRIVE +0551 GLASSBOROUGH E ORLANDO, FL 32825 ORLANDO, FL 32825 ORLANDO, FL 32825			DRIVE 12472	Lake Ullus Suite 180 Suite 180	4011	n 4 4 4		
ONLANDO, II	L 32023	ONLANDO, IL 32023	Orl	Suite 180 ando, FL 32828	4011(V I I I Di 446 - 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 186	licai n ibbi	
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		12472 Lake Underhill Rd Suite, Apt. #, etc.		07042008	Cha B	CR2E034 (12/06)		
0.00		Suite 180			Chg-P			
City & State		City & State Oclando, FL		4. FEI Numb	er	 	opiied For ot Applicab	
Zip	Country	Zip 32828	Country USA	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current			7. Name and	Address of New F	Registered Agent		
WOMACH	. DAVID P		Name					
10551 GLASSBOROUGH DRIVE ORLANDO, FL 32825			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO	J, FL 32025							
			City			FL Zip Cod	le	
	named entity submits this statement for	r the purpose of changing its re	egistered office or re	egistered agent, or bo	th, in the State of Fl	orida. I am familiar with,	and accep	
the obligat	ions of registered agent.	David P W	2 1	\ _	<u> </u>	10/2008		
SIGNATURE	Signature, typed or printed name of registered agent a		Registered Agent signature	required when reinstating)	<i>t</i>	DATE DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Trust Fund Contribu				\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.	- OFFICERS AND	DIRECTORS	11.	ADDITIONS	L /CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME	DPS WOMAOH, DAVID P	☐ Delete	TITLE NAME			Change	Addition Addition	
STREET ADDRESS								
CITY-ST-ZIP	- OND 1120, 12 02020							
TITLÉ NAME	DVT WOMACH, JAMIE L	☐ Delete	TITLE NAME			☐ Change	☐ Additio	
STREET ADDRESS	10551 GLASSBOROUGH DRIVE	:	STREET ADDRESS					
CITY-ST-ZiP	ORLANDO, FL 32825		CITY-ST-ZIP			Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME				∐ Additit	
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NAME	1		NAME					
STREET ADDRESS			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID P Womach

7/4/08

702-466-7880