DOCUMENT # P10811 Lenging reader Secretary of State Secretary Secr	2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Mar 05, 2007 08:00 AM			
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PITTMAN, DAVID Y. 670 NORLANDO AVE SUITE 1004 PRUDENTIAL FIRST PARAMOUNT MAITLAND, FL 32751 DO NOT WRITE IN THIS SPACE 4. The above named antly submits this attemment for the purpose of changing its registered office or registered agent, or both, in the State of Forda. 1 am familiar with, and accept me obligations of registered agent. 3000 MOT WRITE IN THIS SPACE SIGNATURE Intel Monter Sold's Strateger and the registered office or registered agent, or both, in the State of Forda. 1 am familiar with, and accept me obligations of registered agent. 3010 SIGNATURE Intel Monter Sold's Strateger and the registered agent. 9. Election Campaign Financing True Final Accept Res NULL AM C. STRILLWAGON, WILLIAM C. STRILLWAGON AND C. STRILLWAGON AGENT STRILLWAGON AGENT STRILLWAGON AGENT STRILL COMPANY STRILL WAGON AGENT STRILL COMPANY STRILL WAGON AGENT STRILL COMPANY STRILL WAGON AGENT STRILL COMPANY STRILL WAGON AGENT STRILL COMPANY STRILL THE STRILL WAGON AGENT STRILL COMPANY					O2052007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 52-1235211 Not Applicable 5. Certificate of Status Desired \$8.75 Additional			
The obligations of registered agent. SIGNATURE Bigener typed of printed rame of registered agent and their spoketion PILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Inc. OFFICERS AND DIRECTORS Int. Int. <td colspan="4">PITTMAN, DAVID Y. 670 N ORLANDO AVE SUITE 1004 PRUDENTIAL FIRST PARAMOUNT</td> <td colspan="4"></td>	PITTMAN, DAVID Y. 670 N ORLANDO AVE SUITE 1004 PRUDENTIAL FIRST PARAMOUNT							
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Inite STILLWAGON, WILLIAM C. STIRET ADRESS STIRET ADRESS<td>the obligat</td><td>lions of registered agent.</td><td></td><td></td><td></td><td>n the State of Florida</td><td></td><td>-</td>	the obligat	lions of registered agent.				n the State of Florida		-
TILE P NME STILLWAGON, WILLIAM C. STRETADRESS STILLWAGON, WILLIAM C. DTV-S1-2P GREENSBURG, PA ITTLE S MWE MCLEAN, JUDY STRETADRESS 319 S. MAPLE AVE GTV-S1-2P GREENSBURG, PA ITTLE S MWE STRETADRESS GTV-S1-2P GREENSBURG, PA 15601 ITTLE S MWE STRETADRESS GTV-S1-2P GREENSBURG, PA 15601 ITTLE S MWE STRETADRESS GTV-S1-2P GREENSBURG, PA 15601 ITTLE STRETADRESS GTV-S1-2P DO NOT WRITE ITTLE INTERTADRESS GTV-S1-2P ITTLE ITTLE INME STRETADRESS GTV-S1-2P ITTLE ITTLE ITTLE STRETADRESS GTV-S1-2P ITTLE ITTLE STRETADRESS GTV-S1-2P GTUST ITTLE STRETADRESS GTV-S1-2P GTUST								
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 if changed, or on an attachment with an address, with all entry life empowered. SIGNATURE: MILLIAM C.STILL.WAGON 3/1/07 724-834-5010	NAME STREET ADDRESS				IN I	HIS SPA	CE	
 NAME 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 if changed, or on an attachment with an address, with all entry live empowered. SIGNATURE: 	NAME STREET ADDRESS							
SIGNATURE: Allan Caller WILLIAM C. STILLWAGON 3/1/07 724-834-5010	NAME STREET ADDRESS CITY-ST-ZIP							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAD OF FICEN OR DIRECTOR Date Daytime Prone #	tion sctor 11 if <u>10</u>							