## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

DOCU  1. Entity Nan  CAPFOR	ne	#P18555					03-31-2008	90027 0	29 ***15	8.75
Principal Plac	ce of Busines	s	Mailing Address		·					
1455 HALSEY WAY PO BOX 111130 CARROLLTON, TX 75011-1130 US			POST OFFICE BOX 111130 CARROLLTON, TX 75011-1130			† 1880/F80/ III.	1884 IBIBI BINBI BINBA BIN	I BIBIN DÎBYE BII		4100) () (3 B)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252008	Chg-P	CR2E	34 (12/06)			
City & State		City & State			4. FEI Number 75-1677				oplied For of Applicable	
Zip	Zip Country		Zip	Zip Country		5. Certificate of	f Status Desired	V	\$8.75 Add Fee Require	
	6. Name	and Address of Curren	t Registered Agent		-	7. Name and /	ddress of New R	legistered i	Agent	
NRAI SER					Name Street And	rece (B.O. Bay Mysels	in New Annual Line			
2731 EXECUTIVE PARK DRIVE SUITE 4			•		Sireel Add	ress (P.O. Box Number	is Not Acceptable	<del></del> -		
WESTON,	, FL 3333	1			City		·		Zip Cod	
9 The shour	named entit	v submite this statement t	for the navenue of changing its	!	-		:- th - O - 15	FL		
the obligat	tions of regist	tered agent.	for the purpose of changing its	s registere	ed office or re	gistered agent, or both	, in the State of Fig	orida. I am	iamiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signature :	required when reinstating)		DATE	<del></del> -	<del></del> !
				_						
After M		FEE IS \$150.00 8 Fee will be \$550			ncing	\$5.00 May Be Added to Fees				.,
After M	ay 1, 200		.00 Trust Fund Con	tribution.		Added to Fees	HANGES TO OFF	ICERS AND		
After M	<b>PD</b>	8 Fee will be \$550 OFFICERS AND	.00 Trust Fund Con	tribution.		Added to Fees	HANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
After M.	PD DOZZO, N 5100 VER	8 Fee will be \$550 OFFICERS AND	.00 Trust Fund Con	11. TITLE NAMI		Added to Fees	HANGES TO OFF	ICERS ÄND		
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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 agriress, with all other like empowered.

JOHN P. GRIMES C.F.O./VICE PRESIDENT