FILED Jan 22, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P93000001958 It Cellify Name W. CRAIG HALL, P.A. Principal Place of Business Making Address ONE URBAN CENTRE SUITE 750 4830 W. KENNEDY BLVD. ASSON KENNEDY			AIIIIVAL	1121 0111				260161	ary ur S	iait	
ONE URBAN CENTRE SUITE 750 A830 W. KENNED BLVD. TAMPA, FL. 33609 2. Principal Price of Business - No P.O. Box # 1 A830 W. KENNED BLVD. A830 W. KENNED BLVD. Suite Apit # 100: Sui	1. Entity Name								•		
ONE URBAN CENTRE SUITE 750 4830 W. KENNED BLVD. 1AMPA FL 33609 2. Principal Price of Business - No P.O. Box # 1 4830 W. KENNED BLVD. 4830 W. KENNED BLVD. 5011 April # 105 5011 April # 1	Principal Plac	e of Busines		Mailing Address			u	U -			
DNE WAS AND CENTRE SUITE STO BIE WAS AND CENTRE SUITE STO BUIL AND CENTRE SUITE STO BUILD AND CENTRE SUITE SUITE STO BUILD AND CENTRE SUITE STO BUILD AND CENTRE SUITE SUIT	ONE URBAN 4830 W. KEI TAMPA, FL	CENTRE SU NNEDY BLV 33609	IITE 750 D.	ONE URBAN CENTRE SUITE 750 4830 W. KENNEDY BLVD. TAMPA, FL 33609			. · · · . 	1710 BBBN 88184 11845 18491 BAB			
48.30 W. KENNEDY BLVD. 1. Applied Fix. 2. Applied Fix. 3. Applied Fix. 48.30 W. KE RINEDY B. Applied Fix. 1. Applied Fix	DNE W	BANC		ONE URBING	HIRE	, shire	575	<u> </u>			
THE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Pop	4830	W. KE	ENNEDY BLVD.	4830 W. KENNEDY BLVA			u _		· · · · · · · · · · · · · · · · · · ·	·	
Signature Post of Current Registered Agent Name HALL, W. C. Street Address (C. Box Number is Not Accomplished) READ ONE UR BAN CENTRE SUITE 50 TAMPA, FL 33609 8. The above named sighty subyting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Protice. I am familiar with, and accept the ortifications of Post-growth Agent. Signature Food or order (www.s.) public et alpur and the Address. (IOTE Registered Office or registered agent, or both, in the State of Protice. I am familiar with, and accept the ortifications of Post-growth Agent. FL 2525609 8. Election Campaign Financing Total Fund Contribution. After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing That Fund Contribution. DPS Detect NAME NAME HALL, W. C. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INE NAME HALL, W. C. ASDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INE NAME SIRET ALORESS OTH-ST-2P TILE Detect TILL NAME SIRET ALORESS OTH-ST-2P TILE Detect TILL NAME SIRET ALORESS OTH-ST-2P TILE Detect TILL NAME SIRET ALORESS OTH-ST-2P	TAMPA, FL			TAMPA FL			1 1 1 1			Not Applicable	
HALL, W.C. 4830 WEST KENNEDY BLVD. ONE URBAN CENTRE SUITE 750 TAMPA, FL 33609 8. The above named agely subgriph this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered office or registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered office or registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered office or registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered office or registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of registered agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of Rorida agent, or both, in the State of Rorida. I am familiar with, and acclept the collegations of Rorida agent, or both, in the State of Rorida. I am familiar with, and acclept the collegation of Rorida agent, or both, in the State of Rorida. I am familiar with, and acclept the collegation of Rorida agent, or both, in the State of Rorida. I am familiar with, and acclept the collegation of Rorida agent, or both, in the State of Rorida. I am familiar with, and acclept the collegation of Rorida agent, or both, in the State of Rorida agent, or both, in	330	6 09 6 Nam	Hills.	33609	14	111s ·			Fee Requ	Additional ired	
Street Address (C. Do. Number) (St. Acceptable) BLVA. ONE URBAN CENTRE, SULTE 557 City TAMPA, FL 33609 8. The above named agely subprigh this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and scelept the obligations of registered office or registered office or registered agent, or both, in the State of Florida. I am familiar with and scelept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scelept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scelept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scelept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scelept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scelept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scelept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scelept the obligation with and scelept the obligation of		4. 114				Name	11	0			
Signature DPS TAMPA, FL 33609 Signet Addition 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE MALL, W. C. SIREE ADDRESS OTH'S 1-2P TITLE MALL W. C. SIREE	HALL, W. C.										
City TAMPA FL Ziscology Sign of Light with an accept the obligations emigrated game, subspiring this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations emigrate game of game approach growth of the flackscale. (NOTE Required Agent separate property and only a flackscale. FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME SIREST ADDRESS OTH ST. 2P TAMPA, FL Delete 11/18 Delete						_					
B. The above named agety subprite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of distributions of distri	TAMPA, F	L 33609				DNE	- MKRA	CENTRE	, SALIE :	5 <i>15</i>	
THE NOW! II FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. TILE DPS HALL, W. C 4830 WEST KENNEDY BLVD. SUITE 750 TITLE INVEL IN	City T						AMPA		FL zigg	3609	
SIGNATURE Synature, trood or orned quine of ignostated agent and life if applications. (INCTE: Regastered Agent signature required when remistaining) After May 1, 2008 Fee will be \$550.00 8. Election Campaign Financing Added to Fees Trust Fund Centribution. Added to Fees Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAM	SIGNATURE U. UEG ARCLE 1/15/08										
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DPS	, production of the second of										
TITLE NAME HALL, W. C 4830 WEST KENNEDY BLVD. SUITE 750 CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME S				امن سن سا							
NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS AND	DIRECTORS	11.	•	ADDITIO	NS/CHANGES TO O	FFICERS AND DIRECTO	ORS IN 11	
STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	TITLE	DPS		☐ Delete	TITU				反 Chang	e 🗌 Addilion	
CITY-SI-ZIP TAMPA, FL CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE T						· .	11022 111.	KE MNE DV	RIVA. Sun	E 575	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET			UITE 750		- 1				- 0,5		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STR			, _	☐ Delete			1 1 1 1 1 1 1 1 1	, 1 2 230		e 🔲 Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET A						-					
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS STRE					-	1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD				☐ Delete	_	 -			☐ Chann	a Addition	
CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE				∟ Delete					☐ Clang	E LI Audinon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE	STREET ADDRESS				STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP S	CITY-ST-ZIP				CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP				Delete	•				☐ Chang	e 🔲 Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE											
NAME STREET ADDRESS CITY-ST-ZIP TIFLE Delete TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE CTY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP THE CONTROL OF THE CONTR											
STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE			☐ Delete	TITLE				☐ Chang	e 🔲 Addition	
CITY-ST-ZIP THUE NAME STREET ADDRESS CITY-ST-ZIP CITY-S											
THILE NAME STREET ADDRESS CITY-ST-ZIP 12. December 2019 Delete De											
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the examplings contained in Chapter 119. Florida Statutes Lifether certify that the information		<u> </u>		☐ Delete	_				☐ Chang	e 🔲 Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby cartily that the information symplicid with this filling does not quality for the examptions contained in Chanter 119. Florida Statutes Lifether cartily that the information	NAME				NAM	E			•		
12. I hereby carily that the information symplical with this filling does not qualify for the exemptions contained in Chanter 119. Florida Statute Lifether carify that the information						ſ					
12. I nereby certify that the information supplied with this thing does not quality 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	CITY-ST-ZIP										
	40 11			ALC PRODUCTION OF	_			440 Final Co.	14-4	- t-t	