2008 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business Mailing Address 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 US 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # / 2570 / Ge. Com Dajue Suite, Apt. # / 2570 / Ge. Com Daj	ree Required lew Registered Agent
Principal Place of Business 8302 LAUREL FAIR CIRCLE SUITE 100 SUITE Apt. #, etc. 01042008 Chg-P Cry & State Country SUITE 100 SUITE 100 SUITE 100 Country SUITE 100 COMER, KATHLEEN 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 Street Address (P.O. Box Number is Not Access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 Amailing Address 8302 LAUREL FAIR CIRCLE SUITE 100 Suite, Apt. #, etc. 01042008 Chg-P 4. FEI Number 59-3188765 Country 59-3188765 Country 59-3188765 Street Address (P.O. Box Number is Not Access the obligations of registered agent. Name COMER, KATHLEEN 8302 LAUREL FAIR CIRCLE SUITE 100 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be	CR2E034 (12/06) CR2E034 (12/06) Applied For Not Applicable fee Required Sew Registered Agent Ptable)
8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 US 2. Principal Place of Business - No P.O. Box # 12570 TELECAN DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State Country 3. Mailing Address 12570 TELECAN DRIVE Suite, Apt. #, etc. 01042008 Chg-P A. FEI Number 59-3188765 79-3188765 Country 3. Mailing Address Chg-P Chy & State Cry & State Country Sip 33637 Country 5. Certificate of Status Des 6. Name and Address of Current Registered Agent Name COMER, KATHLEEN 8302 LAUREL FAIR CIRCLE Street Address (P.O. Box Number is Not Access the obligations of registered agent. Signature required when reinstating) FILE NOW!!! FEE IS \$150.00 PAIR Signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be	CR2E034 (12/06) Applied For Not Applicable Fee Required Rew Registered Agent Ptable)
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. O1042008 Chg-P Apr. & State Country Sip Country 33637 Country 33637 Country 5. Certificate of Status Des 6. Name and Address of Current Registered Agent COMER, KATHLEEN 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 Suite. Apt. #, etc. O1042008 Chg-P 4. FEI Number 59-3188765 Country 5. Certificate of Status Des Name Country 5. Certificate of Status Des Name Country Country 5. Certificate of Status Des Name Street Address (P.O. Box Number is Not Access City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State (NOTE Registered Agent signature required when rensating) FILE NOW!!! FEE IS \$150.00 PAGE OF THE ACCESS (P.O. Box Number is Not Access City City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State City 8. The above named entity submits this statement for the purpose of changing its registered agent agen	CR2E034 (12/06) Applied For Not Applicable see Required S8.75 Additional Fee Required New Registered Agent ptable)
Street Address (P.O. Box Number is Not Access the obligations of registered agent. Signature. Signature required when reinstaking) FILE NOW!!! FEE IS \$150.00 Cay & State Cry & State Cry & State Cry & State Street Address 4. FEI Number 59-3188765 Country 5. Certificate of Status Des 7. Name and Address of I Name Street Address (P.O. Box Number is Not Access the obligations of registered agent, or both, in the States the obligations of registered agent. Signature, typed or printed name of registered agent and title of applicable 9. Election Campaign Financing \$5.00 May Be	Applied For Not Applicable red \$8.75 Additional Fee Required lew Registered Agent ptable)
TEMPLE TERRAGER Semple Tell \$9-3188765 Zip 33637 6. Name and Address of Current Registered Agent 7. Name and Address of I Name COMER, KATHLEEN 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 P. Election Campaign Financing \$5.00 May Be	Rot Applicable red \$8.75 Additional Fee Required lew Registered Agent ptable)
6. Name and Address of Current Registered Agent COMER, KATHLEEN 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 Street Address (P.O. Box Number is Not Access the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	Fee Required low Registered Agent ptable)
COMER, KATHLEEN 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Access to the Address (P.O.	
8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	
City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	or ronde. Tam rammar with, and decept
FILE HOWAIT FEE 13 \$ 130.00	DATE
After May 1, 2008 Fee will be \$550.00 Irust Fund Contribution. LJ Added to Fees	ļ
	OFFICERS AND DIRECTORS IN 11
TITLE NAME COMER, KATHLEEN SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610	Change Addition
INILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition }
TITLE Delete TITLE	Change Addition
NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP	29443235 1009026 **427.50
Title □ Delete Title NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addilion
TITLE Delete TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Status indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made upon the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my changed, or on an attachment with an address, with all other like empowered. SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date	