DOCU 1. Entity Nan	2008 FOR PROFIT ANNUAL MENT # P930000624	S1	N C	FILED Jan 25, 2008 08:00 AM Secretary of State
Principal Place of Business Mailing Address 5926 GULF BREEZE PKWY 5926 GULF BREEZE PKWY GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 L		US .		
DO NOT WRITE IN THIS SPACE				01212008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3198781 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required
6. Name and Address of Current Registered Agent FEX, J. PATRICK JR. 5926 GULF BREEZE PKWY GULF BREEZE, FL 32563				DO NOT WRITE IN THIS SPACE
Contraction of provided name of regressed open and life if applicable. (NOTE: Registered Agent eignature regured when rendefing) DATE DATE DATE DATE OF The State of Florida. 1 am familiar with, and accept (NOTE: Registered Agent eignature regured when rendefing) DATE DATE OF The State of Florida. 1 am familiar with, and accept (NOTE: Registered Agent eignature regured when rendefing) DATE OF The State of Florida. 1 am familiar with, and accept (NOTE: Registered Agent eignature regured when rendefing) DATE OF The State of Florida. 1 am familiar with, and accept (NOTE: Registered Agent eignature regured when rendefing) DATE OF The State of Florida. 1 am familiar with, and accept (NOTE: Registered Agent eignature regured when rendefing) DATE OF The State of Florida. 1 am familiar with, and accept (NOTE: Registered Agent eignature regured when rendefing) DATE OF The State of Florida. 1 am familiar with, and accept (NOTE: Registered Agent eignature regured when rendefing) DATE				
ATCOT M 10. TITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DI			
TITLE NAME STREET ADDRESS CITY-ST-21P TITLE			-	U00000795477 01/29/08-80035-013 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Certify that the information supplied with th	s filing does not malify for the ex	remotions container	In Chanter 119. Florida Statutes I further certify that the information
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 signature appears in Block 10 or Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (J. PAT;2(CK FEX, JK,PUES) OE) SIGNATURE:				