## **2007 FOR PROFIT CORPORATION**

## Feb 13, 2007 8:00 am Secretary of State ANNUAL REPORT 02-13-2007 90048 007 \*\*\*150 00 DOCUMENT # P93000087798 OSBORNE & OSBORNE, P.A. Principal Place of Business Mailing Address 40016260 798 S. FEDERAL HWY P.O. DRAWER 40 BOCA RATON, FL 33429-9974 SUITE 100 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E034 (12/06) Cha-P Applied For 4. FEI Number City & State City & State 65-0455254 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSBORNE, BRADY R JR Street Address (P.O. Box Number is Not Acceptable) 798 S. FEDERAL HWY STE. #100 BOCA RATON, FL 33432 Zip Code FL 8. The above named entity submits 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 of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. VPD TITLE Change Addition ☐ Delete TITLE OSBORNE, RAY C NAME NAME STREET ADDRESS 798 S. FEDERAL HWY #100 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE OSBORNE, BRADY R JR NAME 798 S. FEDERAH HWY STE. #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 TX Change ☐ Addition Delete TITLE TITLE WYNN, Penny Montalbano 798 S Fed Hwy JONES, WENDY H NAME NAME STREET ADDRESS STREET ADDRESS 798 S FED HWY CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-7IP Boca Raton, FL 33432 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS

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 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 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 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 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 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 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 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 of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute this report of the corporation or the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the receiver of trustee empowered to execute the receiver of trustee empowered to execute the rec

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SIGNATURE: \_

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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