FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. 5. Certificate of Status Desired F 6. Election Campaign Financing Trust Fund Contribution A Trust Fund Contribution A Country Country State Country A Trust Fund Contribution	Applied For Not Applicable 75 Additional ee Required 0.00 May Be dded to Fees
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Zip Country Zip Country 30 ULA 1. Name and Address of Current Registered Agent BLAKE, GARY S 521 LAKE AVE 3 LAKE WORTH FL 33460 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as register familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
25 29 3>462 30 ULA Florida Statutes If Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLAKE, GARY S 521 LAKE AVE 3 LAKE WORTH FL 33460 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registe familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	5 199.032,
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ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.	its registered office
· · · · · ·	red agent. I am
Squarture typied or printed name of registered agent and the if applicable PNDE Square required when repostered 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF ICERS AND DIRECTORS	TORS IN 12
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NAME ROBINSON, SARA 1.2 NAME	
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CITY-S1-ZIP 6.4 CITY-S1-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Flonda Streetify that the information indicated on this annual report or supplicemental annual report is true and accurate and that my significant shall have the same legal effect a oath; that I am an officer or director of the corporation or the register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and appears in Block 12 or Block 13 if changed or on an attachazent with an address.	itutes. I further

NAME OF SIGNING OFFICER OR DIRECTOR