

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P94000038402

1. Entity Name



Principal Place of Business	Mailing Address
3175 S CONGRESS AVE #307 LAKE WORTH, FL 33461	3175 S CONGRESS AVE #307 LAKE WORTH, FL 33461

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0498843</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KIMBER, BRIAN L  
120 S OLIVE AVENUE, SUITE 311  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution  Added to Fees

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000000940070  
05/28/08-80052-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KIMBER, HELENE 3175 S CONGRESS AVE #307 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ~~power~~ empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

an address, with all other like empowered.  
 Helene Kimber

4/29/88 (561) 964-8800  
Date Daytime Phone #