

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 12 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RC 9/12/07



06272007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3299281** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name Pamela Greenwald
Street Address (P.O. Box Number is Not Acceptable) 14228 NW 222 Pl.
City Alachua FL Zip Code 32615

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 Pamela Greenwald President 06/27/07
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when first starting) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☒ Delete		TITLE	Greenwald, Pamela	☒ Change	☐ Addition
NAME	GREENWALD, PAMELA			NAME	14228 NW 222 Pl.		
STREET ADDRESS	14262 NW 222 PLACE			STREET ADDRESS	Alachua, FL 32615		
CITY-STATE-ZIP	ALACHUA, FL 32615			CITY-STATE-ZIP			
TITLE	V	☒ Delete		TITLE	Greenwald, James	☒ Change	☐ Addition
NAME	GREENWALD, JAMES			NAME	14228 NW 222 Pl.		
STREET ADDRESS	14262 NW 222 PLACE			STREET ADDRESS	Alachua, FL 32615		
CITY-STATE-ZIP	ALACHUA, FL 32615			CITY-STATE-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-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, changed, or on an attachment with an address with all other like empowered.
SIGNATURE: Pamela Greenwald 06/27/07 352-359-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE