2007 FOR PROFIT CORPORATION

Apr 23, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P95000026937 GARY C. MATZNER, P.A. Principal Place of Business Mailing Address 201 S. BISCAYNE BLVD 201 S. BISCAYNE BLVD 22ND FLOOR 22ND FLOOR MIAMI, FL 33131 US MIAMI, FL 33131 US No Chg-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0573170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARY C MATNER DO NOT WRITE 201 S. BISCAYNE BLVD 22ND FLOOR IN THIS SPACE MIAMI, FL 33131 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 (NOTE, Registered Agent signature required when reinstating) Signature, lyned or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MATZNER, GARY C STREET ADDRESS 201 S. BISCAYNE BLVD, 22ND FLOOR U00000720829 CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or Block changed, or on an attachment with an addr. empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

FILED