## **2008 FOR PROFIT CORPORATION**

**FILED** Jan 30, 2008 08:00 AM te

ANNUAL REPORT				Secretary of Star		
DOCU 1. Entity Nar BLAND-\		)28053			secretary or sta	
Principal Plac	ce of Business	Mailing Address	1			
	JOSE BLVD. SUITE 706 LE, FL 32223	12627 SAN JOSE BLVD. S Jacksonville, Fl. 32223		1 (881) 887 (18 1218) BUIL AGIN AG	(d 88/)) 88/18 (PER) 18/) 88/61 8/18 (1/1881) 1/: 68/	
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relation to the			\$ 18 18 18 18 18 18 18	01052008 No Chg-F	CR2E034 (11/05)	
	O NOT WRIT	TE IN THIS SP	ACE	4. FEI Number	Applied For	
				59-3309304	Not Applicable	
		n De Geniga dendidas medicas :		5. Certificate of Status Desir	ed   \$8.75 Additional Fee Required	
	6. Name and Address of Cui		Filoso são kiệt ở			
CURY, RE	ENEE N JOSE BLVD			DO NOT	WRITE	
STE 706			Barto de discon	IN THIS	SPACE	
JACKSONVILLE, FL 32223						
			5787 85 860			
SIGNATURE	lions of registered agent, Signature, typed or printed name of registered	agent and title if applicable. [NOTE: Re	gatered Agent aignatura required	when reinstating)	DATE	
	.E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$5			00 May Be ad to Fees		
10.	<del>,</del>	AND DIRECTORS	e proper specification	er akti de spiritike de spirit		
TITLE NAME	OP CURY, PHILLIP H		व्यक्तिकार व्यक्तिक	or the state of the specific		
STREET ADDRESS	12627 SAN JOSE BLVD ST	706				
CITY-ST-ZIP	JACKSONVILLE, FL 32223					
TITLE NAME	ASD CURY, RENEE		1.261.30 Pepal	U <b>Q</b> 0(	)00804647 )8-80062-019 150:00	
STREET ADDRESS	12627 SAN JOSE BLVD STE	E 706	9.000.45%.000000	02/05/1	38-80062-019*150:00*	
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NAME STREET ADDRESS						
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CITY-ST-ZIP			\$17,660 4380 4647	gougosommistico X.		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Phil Cury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SUPECTOR

1-25-08

9042687361

Daytime Phone #