2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Mar 13, 2007 08:00 AM Secretary of State				
1. Entity Nan	MENT # P9500005782	2			C	secretary	of State	
2321 N.W. 4	incipal Place of Business Mailing Address 321 N.W. 41ST ST., STE A-2 2321 N.W. 41ST ST., STE A-2 AINESVILLE, FL 32606 GAINESVILLE, FL 32606							
DO NOT WRITE IN THIS SPACE				Image: Second system Image: Second system 01152007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3330268 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
SPAIN, THOMAS C 6011 NW 23RD AVE GAINESVILLE, FL 32606					OT WF IIS SP/			
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 Signature, typed or primed name of registered agent and Life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							h, and accept	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIREC DP SPAIN, THOMAS C 2321 N.W. 41ST ST., STE A-2 GAINESVILLE, FL 32606	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DST SPAIN, SUSAN B 2321 N.W. 41ST ST., STE A-2 GAINESVILLE, FL 32606				UOC 03/23/	1000664989 '07-80005-1	D25 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STREET ADDRESS CITY-ST-ZIP TIILE			DO NOT WRITE IN THIS SPACE				
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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 repoir 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, withall other like empowered. SIGNATURE: X June Mark Lee August Accord and the address of the corporation of the corporation of the address. When the address of the empowered of the address of the address of the address. When the address of the address of the address of the address of the address. The address of the address of the address of the address of the address. The address of the address. The address of the address of the address of the address of the address. The address of the address. The address of the address. The address of th								
	SIGNATURE AND TYPES OR PRINT	NAME OF SIGNING OFFICER OR DIRECT	OR	1.1	Date	Daytime Phone #		

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