2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

| ANNUAL REPORT | | | | Secretary of St | | |
|---|---|--|--|-------------------------------|--------------------------|--|
| 1. Entity Nam | MENT # P950000629 | 951 | | | | Secretary of S |
| Principal Place 2705 WILKIN SARASOTA, I | ISON ROAD | Mailing Address 2705 WILKINSON ROAD SARASOTA, FL 34231 | | | | 311 89110 4 111 1 1 131 0 111 0 1 0 110 1110 1110 1 |
| . C | O NOT WRITE | CE | . 04282008 No Chg-P CR2E034 (11/05) 4. FEI Number | | | |
| | 6. Name and Address of Current R ATALIN KINSON ROAD 'A, FL 34231 | , . | _ | NOT W THIS SF | | |
| | named entity submits this statement for ions of registered agent. Signature typed or printed name of registered agent an | |) ed office or register d Agent signature required | | oth, in the State of Flo | orida. I am familiar with, and accept |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | 9. Election Campaign Finar Trust Fund Contribution. | | .00 May Be led to Fees | | 00944941 8-80121-010 150 00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BALOG, KATALIN 2705 WILKINSON RD. SARASOTA, FL 34231 | IRECTORS | | | | |
| ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS | | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS | | | | | • | |

12. Thereby 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

922-8343

Daytime Phone 4