2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000076201

PAOLI & COMPANY, P.A., CERTIFIED PUBLIC **ACCOUNTANTS**



FILED Jan 12, 2007 08:00 AM **Secretary of State**

Principal Place of Business

209 NASSAU ST S

SUITE 104

VENICE, FL 34285 US Mailing Address

209 NASSAU ST S SUITE 104

VENICE, FL 34285

US

01092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0616375

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ADDISON, MICHAEL C ATT 400 N. TAMPA ST **SUITE 1100**

DO NOT WRITE

TAMPA, FL 33602			IN THIS SPACE		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					Management 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME STREET ADDRESS CITY-ST-ZIP	P LAWRENCE H. PAOLI 209 NASSAU ST S SUITE 104 VENICE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000584844 01/12/07-80051-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE		,			_

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

OF STONING OFFICER OR DIRECTOR