
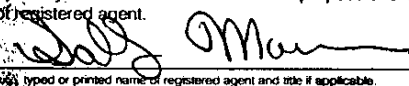
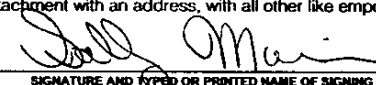


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90104 015 \*\*\*158.75

| <b>DOCUMENT # P96000003402</b><br>1. Entity Name<br><b>BAYSIDE CANVAS &amp; YACHT INTERIORS, INC.</b>  |   |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|--|---|---|--|---|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|---------------------|--|----------------|--|--|-------------|---|--|-------------|--|--|-------|-----------|---------------------------------|-------|--|---|------|---------------------------|--|------|--|--|----------------|------------------------|--|----------------|--|--|-------------|-----------------------------|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>1915 SW 21ST AVE.<br/>FT LAUDERDALE, FL 33312</b>  |   |   | Mailing Address<br><b>1915 SW 21ST AVE.<br/>FT LAUDERDALE, FL 33312</b>  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2830 W STATE RD 84</b>  |   | 3. Mailing Address<br><b>2830 W STATE RD 84</b> |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Suite, Apt. #, etc.<br><b>SUITE 114</b>  |   | Suite, Apt. #, etc.<br><b>SUITE 114</b>         |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State<br><b>FT LAUDERDALE, FL</b>   |   | City & State<br><b>FT LAUDERDALE, FL</b>        |  | 4. FEI Number<br><b>65-0634120</b>  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip<br><b>33312</b>  |   | Country<br><b>USA</b>                           |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>           |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MORAN, SALLY<br/>9909 NW 2ND ST.<br/>PLANTATION, FL 33324</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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.<br>SIGNATURE  DATE <b>4/28/08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MORAN, SALLY</b></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>9909 NW 2ND ST.<br/>PLANTATION, FL 33324</b></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>VP</b></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>WHITEFORD, DOROTHY</b></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>9909 NW 2ND ST.</b></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PLANTATION, FL 33324</b></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |   |   |  |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | <b>MORAN, SALLY</b> |  | STREET ADDRESS |  |  | CITY-ST-ZIP | <b>9909 NW 2ND ST.<br/>PLANTATION, FL 33324</b> |  | CITY-ST-ZIP |  |  | TITLE | <b>VP</b> | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | <b>WHITEFORD, DOROTHY</b> |  | NAME |  |  | STREET ADDRESS | <b>9909 NW 2ND ST.</b> |  | STREET ADDRESS |  |  | CITY-ST-ZIP | <b>PLANTATION, FL 33324</b> |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | NAME  | <input type="checkbox"/> Delete                 | TITLE  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | <b>MORAN, SALLY</b>                             |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | <b>9909 NW 2ND ST.<br/>PLANTATION, FL 33324</b> |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | <b>VP</b>                                       | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | <b>WHITEFORD, DOROTHY</b>                       |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | <b>9909 NW 2ND ST.</b>                          |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | <b>PLANTATION, FL 33324</b>                     |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |   | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |   |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |   |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |   | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |   |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |   |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |   | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |   |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |   |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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:    |   |   | Date <b>4/28/08</b> Daytime Phone # <b>954-792-8535</b>  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |  |  |             |   |  |             |  |  |       |           |                                 |       |  |   |      |                           |  |      |  |  |                |                        |  |                |  |  |             |                             |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |