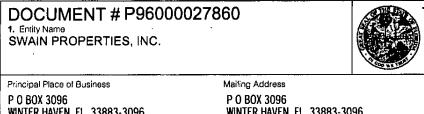
2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 31, 2008 08:00 AN Secretary of State



WINTER HAVEN, FL 33883-3096 WINTER HAVEN, FL 33883-3096 CR2E034 (11/05) 01182008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3370995 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STRAUGHN, RICHARD E 255 MAGNOLIA AVE SW WINTER HAVEN, FL 33880 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000875936 TITLE 04/11/08-80053-014 150.00 SWAIN, BRIAN K NAME STREET ADDRESS P O BOX 3096 N/A CITY-ST-ZIP WINTER HAVEN, FL 338833096 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

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

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ≢