## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 08:00 AM Secretary of State

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	Secretary				MENT # P96000029	1. Entity Nam
		_		Mailing Address	ce of Business	Principal Plac
				61 W COLONIAL DR		61 W COLON
				ORLANDO, FL 32801	FL 32801	Orlando, F
				3. Mailing Address	Place of Business - No P.O. Box #	2. Principal P
(12/06)	Chg-P CR2E034 (12/06	03142007 Chg-P	·	Suite, Apt. #, etc.	. #, etc.	Suite, Apt.
Applied For	er A	4. FEI Number		City & State	te	City & Stat
Not Applicable	<u> </u>	59-3374415	<u> </u>			7:
.75 Additional Required	of Status Desired	5. Certificate of Status Des	Jountry	Zip	Country	Zip
nt	Address of New Registered Agent	7. Name and Address of		Registered Agent	6. Name and Address of Current	
			Name		KER JOHN B	SHOFMAN
	er is Not Acceptable)	V COLONIAL DR Street Address (		61 W COL		
					J, FL 32801	UKLANDU
Zip Code	FL Zip Co		City			
iliar with, and accept	h, in the State of Florida. I am familiar with	ered agent, or both, in the State	istered office or registe	the purpose of changing its re	e named entity submits this statement f	8. The above
					tions of registered agent.	the obligat
	DATE			MANUAL COLUMN TO THE PARTY OF T	Signature, typed or printed name of registered agen	SIGNATURE
<del>denies as</del>	I/A I E	ed when reassauly)	gistered Agent signature require	rio allo ii applicatile (NOTE, N	Synature, types or printed ratine or registered agen	
		5.00 May Be	Financing \$5	9. Election Campaign	E NOW!!! FEE IS \$150.00	FIL
				Total Fund Contrib		Atter Ma
	CHANGES TO OFFICERS AND DIRECTOR		lion. $\square$ Add		ay 1, 2007 Fee will be \$550.	
	Change		11. Add	DIRECTORS	OFFICERS AND	······································
Change	□ Change U00000739790		lion. $\square$ Add			TITLE
Change Addition	U00000739790	ADDITIONS/CHANGES T	lion. Add	DIRECTORS	OFFICERS AND	TITLE NAME
Change Addition		ADDITIONS/CHANGES T	11. IIILE NAME	DIRECTORS  Delete	P KODSI, ALBERT 61 W COLONIAL DR ORLANDO, FL 32801	TITLE NAME STREET ADDRESS
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.75 a Rec	er 4415 of Status Desired \$8.75 Fee Rec Address of New Registered Agent er is Not Acceptable)	FEI Number     59-3374415     Certificate of Status Des		Zip	6. Name and Address of Current KER, JOHN B	Zip SHOEMAK 61 W COL

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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

ODED COHEN

4/1/07

(407) 294-79

Daylime Phone #