2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000039486

GRINER, JAMES A

1751 NW 106 AVE

CARMICHAEL, LORI J

4634 BRANDYWINE DRIVE

BOCA RATON, FL 33487

PEMBROKE PINES, FL 33026

() Delete

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

Entity Name: ORTH, CHAKLER, MURNANE & COMPANY, CPAS, P.A.

FILED Mar 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12515 N KENDALL DR 124 MIAMI, FL 331861830 US **New Mailing Address: Current Mailing Address:** 12515 N KENDALL DR MIAMI, FL 331861830 US FEI Number: 65-0662923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAKLER, HUGH S 1636 SW 148 TERR PEMBROKE PINES, FL 33027 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ORTH, DOUGLAS J ORTH, DOUGLAS J Name: Name: 8575 S.W. 113TH TERR 8575 S.W. 113TH TERR Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33156 US DVST Title: DVST (X) Change () Addition Title: () Delete Name: CHAKLER, HUGH S Name: CHAKLER, HUGH S 1636 S.W. 148TH TERRACE 1636 S.W. 148TH TERRACE Address: Address: PEMBROKE PINES, FL PEMBROKE PINES, FL 33027 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition DV Title: DV MURNANE, JOHN J JR MURNANE, JOHN J JR. Name: Name: 800 CYPRESS POINTE DRIVE EAST 800 CYPRESS POINTE DRIVE EAST Address: Address: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027 US City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

GRINER, JAMES A

1751 NW 106 AVE

CARMICHAEL, LORI J

WAXHAW, NC 28173

9904 ROYAL COLONY DRIVE

PEMBROKE PINES, FL 33026 US

(X) Change () Addition

SIGNATURE: HUGH S. CHAKLER DVST 03/14/2007