2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

	ANNUAL		Secretary of Stat				
	IMENT # P96000039	832			Secr	etary of Stat	
1. Entity Nar ACCOUN	me NTING SERVICES OF BRAI						
	,	3		' -		:	
Principal Plac	ce of Business	'Mailing Address					
4912 26TH		4912 26TH ST. W.					
BLDG. B., STE. 200 BRADENTON, FL 34207 BRADENTON, FL 34207							
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	Nakimt ^e (albiter	IN THE CO	ACE	04202007	No Chg-P CR	2E034 (11/05)	
L	O NOT WRITE	AUE	4. FEI Number Applied For 65-0664455 Not Applicable				
	ارد. پهنده از در در دوست در	and the second s	4,	5. Certificate of S		\$8.75 Additional	
	6. Name and Address of Current F	Registered Agent			3.0.00 200.00	Fee Required	
1 ATOCUL							
LATREILLE, LUCIEN 4912 26TH ST W				DO N	IOT WRI	ΓΕ	
SUITE 200 BRADENTON, FL 34207				INT	HIS SPAC	E	
				The state of the s			
	e named entity submits this statement for	the purpose of changing its regis	stered office or registe	ered agent, or both, i	n the State of Florida. I	am familiar with, and accept	
the obliga	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent a	nd stile if applicable (NOTE: Regi	istered Agent signature require	ed when reinstating)	DA	.TE	
		9. Election Campaign F	inancina CF	5.00 May Be			
FIL After M	LE NOWIII FEE IS \$150.00 lay 1, 2007 Fee will be \$550.0			ded to Fees			
10.	OFFICERS AND [DIRECTORS			and the first	4 4 4 4 4	
TITLE NAME	PSD LATREILLE, LUCIEN		*	1.34			
STREET ADDRESS	4912 26TH ST W SUITE 200						
CITY-ST-ZIP TITLE	BRADENTON, FL 34207		_				
NAME				•	U00000	722651	
STREET ADDRESS CITY+ST-ZIP			_ k ;.,	and the second of	05/02/07-	90039-014-150.O	
TITLE	1		* ,	e			
NAME STREET ADDRESS			**		•	· Mark (SA)	
CITY-ST-ZIP				DO N	IOT WRI	ΓΕ	
TITLE NAME				IN TI	HIS SPAC	E	
STREET ADORESS							
CITY-ST-ZIP	<u> </u>				· .*		
NAME	,					1	
STREET ADDRESS CITY-ST-ZIP	;			a garage			
TITLE	!		,				
NAME STREET ADDRESS				•	. 1		
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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.

TYPED OR PRINTED NAME OF SIGNS