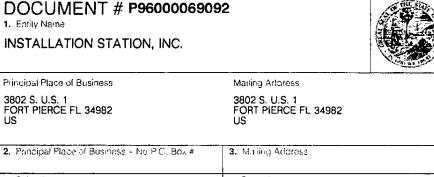
2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**



FILED Feb 07, 2008 08:00 AN Secretary of State



Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0687817 Not Applicable Zip Country Zio Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo HOOVER, JAMES P Street Address (P.O. Box Number is Not Acceptable) 3347 SOUTH U.S. HIGHWAY ONE FORT PIERCE FL 34982 City 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 land accept the obligations of registered agent. SIGNATURE Squature, typed or prered name of registered apentions (1.6.1 amplicable (NOTE: Registered Agent a greature required when reinstalling) DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE TD ☐ Derete Change ☐ Addition RAINS, GLENN A NAME NAME STREET ADDRESS STREET ADDRESS 2575 SOUTH FEDERAL HIGHWAY FORT PIERCE FL 34982 CiTY-ST-ZIP CITY-ST-ZIP PΩ ☐ Derete TITLE ☐ Change Addition TITLE U000000819761 HOOVER, JAMES P HAME NAME 02/18/98-80001-007 158.75 STREET ADDRESS 8303 COQUINA AVENUE STREET ADORESS FORT PIERCE FL 34951 CITY-ST-ZIP CITY- \$1-212 THE Da Da ete IIII ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP THEE Deiete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAMÍ STREET ADDRESS STREET ADDRESS CITY-ST-2/P CITY- ST-ZIP TITLE ☐ De ete Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR