2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

Principal Place of Business 2605 BAY DR POMPANO BEACH, FL 33062 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	For plicable
2605 BAY DR POMPANO BEACH, FL 33062 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	For plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	For plicable
City & State Country S. Certificate of Status Desired Status Desired Fee Required Fee Required Fee Required Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Power agents of registered agent. In the State of Florida. I am familiar with, and the obligations of registered agent and the obligations of registered agent. SiGNATURE Signature, trood or protect name of registered agent and the above above agent and the purpose of changing its registered Agent seguined when remistating) PillE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Protection Central paign Financing Trust Fund Contribution. Thus Delete Thus Thomas, Michael Sirect Address Sirect A	licable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, MICHAEL 2605 BAY DR POMPANO BCH, FL 33062 City FL 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, and the obligations of registered agent and title of applicable. SIGNATURE Signature, upped or privated name of registered agent and title of applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME SIREEI ADDRESS SIFIELI ADDRESS SIFIELI ADDRESS SIFIELI ADDRESS	licable
6. Name and Address of Current Registered Agent THOMAS, MICHAEL 2605 BAY DR POMPANO BCH, FL 33062 City City FL 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, and the obligations of registered agent. SIGNATURE Signature, typed or periled name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating) Patternal Contribution. DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Carripaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME THOMAS, MICHAEL SIREEI ADDRESS SIREEI ADDRESS SIREEI ADDRESS SIREEI ADDRESS	1
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP 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 for 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 displacements.	Addition

2. 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.

SIGNATURE:

EAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.08

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