2008 FOR PROFIT CORPORATION

FILED Apr 29, 2008 08:00 AN Secretary of State

ANNUAL REPORT			Apr 29, 2000 00:00			
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Mailing Address 433 HARRISON AVE PANAMA CITY, FL 32401			18 (2811)	3)	1878 1888 1818 BB 18 18 18 18 18 18 18 18 18 18 18 18 18	
	CE	02112008 4. FEI Numb 59-340	No Chg-P er)4177	CR2E034		
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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 accept the obligations of registered agent. SIGNATURE Signature: (yped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renatating) DATE						
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.						
			NOT W	RITE	6 150.00	
	433 HARRISON AVE PANAMA CITY, FL 32401 IN THIS SPACE In purpose of changing its register title if applicable (NOTE: Registere 9. Election Campaign Finar	Mailing Address 433 HARRISON AVE PANAMA CITY, FL 32401 IN THIS SPACE Registered Agent Itile if appacable (NOTE: Registered Agent agnature required frust Fund Contribution. Add	Mailing Address 433 HARRISON AVE PANAMA CITY, FL 32401 O2112008 4. FEI Numb 59-340 5. Certificate DO IN The purpose of changing its registered office or registered agent, or both title of applicable (NOTE: Registered Agent agnature recurred when rematating) 9. Election Campaign Financing Trust Fund Contribution. RECTORS DO DO DO DO DO DO DO DO DO D	Mailing Address 433 HARRISON AVE PANAMA CITY, FL 32401 O2112008 No Chg-P 4. FEI Number 59-3404177 5. Certificate of Status Desired DO NOT W IN THIS SP The purpose of changing its registered office or registered agent, or both, in the State of Fice of specialists of the specialists of specialists of specialists of the specialists of specialists	Mailing Address 433 HARRISON AVE PANAMA CITY, FL 32401 O2112008 No Chg-P CR2E034 4. FEI Number 59-3404177 5. Certificate of Status Desired \$8 Fee Parameter of Status Desired \$8 Fee The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fam (NOTE: Registered Agent squalure recuired when renatating) OATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees	

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 suppowered.

SIGNATURE:

MGNATURE AND TYPED OR PRINTED NAME OF LIGHING OFFICER OR DIRECTOR

4/23/08

850-784-1680 Daytime Phone #