2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Jan 29, 2007 08:00 AM DOCUMENT # P96000091035 **Secretary of State** AARON COMPUTERIZED BOOKKEEPING SERVICES, Principal Place of Business Mailing Address 1919 NE 45TH ST 1919 NE 45TH ST STE 21 STE 215 FT LAUDERDALE, FL. US FT LAUDERDALE, FL US 01242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEi Number 65-0707697 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILVERMAN, MURRAY DO NOT WRITE 1919 NE 45TH ST FORT LAUDERDALE, FL 33308 IN THIS SPACE

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	the obligations of registered agent.	
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(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be

After May 1, 2007 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

Trust Fund Contribution

Added to Fees

10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURRAY, SILVERMAN 2900 PALM-AIRE DR, N. APT 209 POMPANO BEACH, FL 33069			
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-7IP		* A A A		

U000000606304 01/30/07-80073-019 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

MURRAY SILVERMAN