2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 22, 2007 08:00 AM DOCUMENT # P96000091243 **Secretary of State** BYRNE & MOORE ASSOCIATES, INC. Principal Place of Business Mailing Address **5950 IMPERIALAKES BLVD** P.O. BOX 7867 MULBERRY, FL 33860 HILTON HEAD, SC 29938 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3436271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent CHRITTON, CHARLES P DO NOT WRITE 5300 SOUTH FLORIDA AVENUE LAKELAND, FL 33813 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOORE, JAMES A NAME U000000594614 STREET ADDRESS **50 SANDFIDDLER ROAD** n1/23/07-80006-014 150.00 CITY-ST-ZIP HILTON HEAD, SC 29928 TITLE BOUMA-MOORE, DEBRA NAME STREET ADDRESS **50 SANDFIDDLER ROAD** CITY-ST-ZIP HILTON HEAD, SC 29928 THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED