2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 Al Secretary of State

DOCUMENT # P97000021335 It Employance KILIAN MANAGEMENT INCORPORATED Mailing Address 3744 SOUTHEAST FAIRWAY EAST STUART, FL 34997 US DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1. FE Namber 2. Cartificate of Exals Desired 2. Cartificate of Exals Desired 3. Applied For 1. Nor Copylication 3. Nor Copylication 4. FE Namber 3. Cartificate of Exals Desired 3. Cartificate of Exals Desired 3. Cartificate of Exals Desired 3. Nor Copylication 4. Nor and Address of Current Registered Agent KILIAN FRANK J 3744 SOUTHEAST FAIRWAY EAST STUART, FL 34997 DO NOT WRITE IN THIS SPACE 8. The above named only submits this Statement for the purpose of charging its registered office or registered agent, or both, in the State of Florice. I am familiar with, and accept me obligations of registered agent or registered agent or both, in the State of Florice. I am familiar with, and accept me obligations of registered agent agent and its factorism SIGNATURE Souther body or residence of proceed agent agent and its factorism FILE NOWILL FEE IS \$150.00 ARTO May 1, 2007 Fee will be \$550.00 PELE NOWILL FEE IS \$150.00 ARTO May 1, 2007 Fee will be \$550.00 FILE NOWILL FEE IS \$150.00 ARTO FRANK J STUART, FL 34997 THE NOW COPYLOTHES TO A STUART OF THE STUART OF THE STUART OF THE STUART OF THE STUART, FL 34997 THE NOW INC. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE		ANNUAL R	REPORT			-	Secret	ary of Sta
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STUART, FL 34997 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature required agent and title flacrication Signature required agent and title flacrication One		6. Name and Address of Current Regi	stered Agent		,	- · · · · · · · · · · · · · · · · · · ·		•
SIGNATURE Signature, typed or printed name of registered apent and title if applicable (NOTE Registered Agent signature required when renstating) DATE	3744 SOUTHEAST FAIRWAY EAST				- " "			
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME KILIAN, FRANK J STREET ADDRESS OTIV-ST-ZIP TITLE VD STREET ADDRESS OTIV-ST-ZIP TITLE NAME STREET ADDRESS OTIV-ST-ZIP THE NAME S	the obligat	ions of registered agent.				th, in the State of Flo		ar with, and accept
TITLE PD NAME KILIAN, FRANK J STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 TITLE VD NAME KILIAN, DEBBIE B 3744 SOUTHEAST FAIRWAY EAST STREET ADDRESS STREET ADDRESS STUART, FL 34997 TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOTHIN FEE IS \$ 150.00							
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SIREET ADDRESS CITY-ST-ZIP					DO	NOT W	RITE	
INCE	NAME STREET ADDRESS				IN [·]	THIS SF	PACE	,

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 visitee 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 given like empowered.)

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

772-221-8209

Daytime Phone #