2007 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 14, 2007 08:00 AN Secretary of State **DOCUMENT # P97000032661** KEVIN J. WARMBRANDT, P.A. Principal Place of Business Mailing Address 11900 BISCAYNE BLVD., STE. 512 11900 BISCAYNE BLVD., STE. 512 MIAMI, FL 33181 MIAMI, FL 33181 09042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0757038 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WARMBRANDT, KEVIN J DO NOT WRITE 11900 BISCAYNE BLVD., STE. 512 MIAMI, FL 33181 IN THIS SPACE 6. 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 (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE D NAME WARMBRANDT, KEVIN J STREET ADDRESS 11900 BISCAYNE BLVD., STE. 512 CITY-ST-ZIP MIAMI, FL 33181 TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME

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 shalt 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 chanced, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/5

305-855-55P

FILED