2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2007 08:00 AM Secretary of State

1. Entity Nam	MENT # P9700003702	8			20010	oury or state
Principal Place of Business Mailing Address 5325 INGRAHAM ST TAMPA, FL 33616 TAMPA, FL 33616						
D	O NOT WRITE II	CE	01092007 4. FEI Numbe 59-344	or	E034 (11/05) Applied For Not Applicable \$8.75 Additionat Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JUDY 5325 INGRAHAM ST TAMPA, FL 33616			DO NOT WRITE 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. SIGNATURE Spiral re. hybod or printed terms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		.00 May Be ed to Fees			
10. ITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JUDY 5325 INGRAHAM ST TAMPA, FL 33616	CTORS				
TITLE NAME STREET ADDRESS TITLE	·				U000006594 03/16/07-8003	51 1-014 150.00
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· .		. :		
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	Tag to the same of	A.		
OF UTER CORD	ertify that the information supplied with this fil on this report or supplemental report is true a location or the receiver or trustee empowered or on an attachment with an address, with all		mptions contained ure shall have the s ed by Chapter 607,	in Chapter 119, ame legal effect Florida Statutes	Florida Statutes. I further ce as if made under oath; that I ; and that my name appears	rtify that the information am an officer or director in Block 10 or Block 11 if