2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

Principal Place of Business 2600 US HIGHWAY 27 NORTH SEBRING, FL 33870 2. Principal Place of Business No P.O. Box # 2500 US HIGHWAY 27 NORTH SEBRING, FL 33870 2. Principal Place of Business No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 0202008 Chg-P CR2E034 (12/06) City & State Cly								
Suite, Apt. #, etc. Suite, Apt. #, etc. Q2202008 Chg-P CR2E034 (12/06)								
City & State A FEI Number 65-0832435 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Name SHOOP, JOHN C 1927 NE LAKEVIEW DRIVE SEBRING, FL 33870 City FL Zip Code 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 acc the obligations of registered agent. SIGNATURE John C. Shoop, President Signature, typed or printed name of registered agent and life if applicable. NOTE: Registered Agent signature required when rerestating) PEBRUAY 20, 2008 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDO Delete ITILE Country A FILE NOW. Country A FILE NOW. Change To Officers AND DIRECTORS IN 11 Change May Chang								
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHOOP, JOHN C 1927 NE LAKEVIEW DRIVE SEBRING, FL 33870 City FL Zip Code 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 acc the obligations of registered agent. SIGNATURE John C. Shoop, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) P. Election Campaign Financing Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDO Delete ITILE Country Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Agent Additional Fee Required Agent Status Desired Agent Additional Fee Required Agent Status Desired Agent Added to Fees Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Agent Address (P.O. Box Number is Not Acceptable) February 20, 2008 Date February 20, 2008 Added to Fees								
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TITLE NAME PAHK, KYE C NAME PAHK, KYE C NAME STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 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 direct.								

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 a powered.

R. Todd Foster

R. Todd Foster

(863) 385–8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR