

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90023 049 \*\*\*150.00

**60017376**



01082007 Chg-P CR2E034 (12/06)

4. FEI Number **75-2740376** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOWE, DOUGLAS	
STREET ADDRESS	3030 LBJ FREEWAY, SUITE 700	
CITY-ST-ZIP	DALLAS, TX 75234	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUPTON, JACK	
STREET ADDRESS	3030 LBJ FREEWAY	
CITY-ST-ZIP	DALLAS, TX 75234	
TITLE	S	<input type="checkbox"/> Delete
NAME	HENSLEE, THOMAS	
STREET ADDRESS	3030 LBJ FREEWAY	
CITY-ST-ZIP	DALLAS, TX 75234	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRONBERG, JULIE	
STREET ADDRESS	3030 LBJ FREEWAY	
CITY-ST-ZIP	DALLAS, TX 75234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC AFFELOT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG HOWE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAND HUGUELY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELA STEPHENS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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.

SIGNATURE: \_\_\_\_\_ Date **02/01/07** Daytime Phone # **972-43-6191**