## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000014171

City-St-Zip:

LAKE MARY, FL 32846

FILED Apr 14, 2008 Secretary of State

Entity Nai	me: GITTA UI	RBAINCZYK, P.A.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
125 WAYMONT CT #111 LAKE MARY, FL 32746				100 WAYMONT CT #110 LAKE MARY, FL 32746	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
125 WAYMONT CT #111 LAKE MARY, FL 32746				100 WAYMONT CT #110 LAKE MARY, FL 32746	
FEI Number:	: 59-3500822	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
URBAINCZYK, GITTA 125 WAYMONT CT. #111 LAKE MARY, FL 32746 US			100 WAYMONT C	URBAINCZYK, GITTA 100 WAYMONT CT. #110 LAKE MARY, FL 32746 US	
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: GITTA URBAINCZYK				04/14/2008	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) URBAINCZYK, 861 EAGLE CL LAKE MARY, F	AW CT.	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) URBAINCZYK, 861 EAGLE CL LAKE MARY, F	AW CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D ( ) PATRICK, URB 728 HEATHER		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ERNST URBAINCZYK DIR. 04/14/2008