2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

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Suite, Apt. #, etc.	32801 US HWY 19 NORTH SUITE 100		32801 US HWY 19 NORTH SUITE 100					iði 12111 SBIN BB111 GB111	1 RUIU GUAS IIIII			
City & State Search Sequence For Additional Forest S	Principal Place of Business - No P.O. Box # Mailing Address											
Zip Country Zip Country S. Certificities of Status Desired \$5.75 Accitional Fee Required \$7.7 Accitional Fee Required \$7.8 Accitional Fee Required	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01152007	Chg-P	CR2E034	(12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Jeant Name UCC FILING & SEARCH SERVICES, INC. 1574 VILLIAGE SOUARE BLVD SUITE 100 TALLAHASSEE, FL 32309 City FL Zip Code City FL Xip Code City FL Zip Code City FL Xip Code City FL Zip Code City FL Xip Code City City FL Xip Code City FL Xip Code City Ci	City & State		City & State					70		\rightarrow		
Name Name Street Address (P.C. Box Number is Not Acceptable)	Zìp	Country Zip Co		Countr	ry		5. Certificate of	Status Desired				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE		6. Name and Address of Current F	Registered Agent				7. Name and A	dress of New Re	egistered Ag	ent		
SUITE 100 TALLAHASSEE, FL 32309 City	UCC FILING & SEARCH SERVICES, INC.					Name						
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 accept the obligations of registered agent. SIGNATURE Symuth, host or primal name of registered agent and the #applicable. NOTE Registered Agent algorithms required when remaisting) DATE FILE NOWHIT FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Selection Campaign Financing Trust Fund Contribution. Added to Fees	1574 VILLAGE SQUARE BLVD					Street Address (P.O. Box Number is Not Acceptable)						
R. 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 Signature, how or present name of registered agent and size 4 spakease. NCTE, Registered Agent algorithm required new remaining) DATE PILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10.	TALLAHASSEE, FL 32309				Oibe					Zio Code		
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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 cytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-	ST-ZIP							
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