2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2007 08:00 AM DOCUMENT # P98000030054 **Secretary of State** BRENDA L. STONE, P.A. Principal Place of Business Mailing Address 660 CULPEPPER TERRACE 660 CULPEPPER TERRACE DAVIE, FL 33325 DAVIE, FL 33325 No Chg-P CR2E034 (11/05) 01172007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0822556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired __ [] Fee Required 6. Name and Address of Current Registered Agent STONE, BRENDA L DO NOT WRITE 660 CULPEPPER TERRACE **DAVIE, FL 33325** 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STONE, BRENDA L NAME 660 CULPEPPER TERRACE STREET ADDRESS U00000616771 CITY-ST-ZIP **DAVIE, FL 33325** 02/07/07-80043-010 150.00 TITLE NAME STREET ADDRESS CITY - ST- 7IP IIIIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

FILED