


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000039653 1. Entity Name  27/SSH CORP	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1275 Lake Heathrow Lane Suite, Apt. #, etc.		3. Mailing Address 1275 Lake Heathrow Lane Suite Apt #, etc.	
City & State Heathrow, FL		City & State Heathrow, FL	
Zip 32746	Country USA	Zip 32746	Country USA

4. FEI Number 593572034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Paul Roecker, Esquire
Street Address (P O Box Number is Not Acceptable)	
1275 Lake Heathrow Lane	
City	Heathrow FL Zip Code 32746

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 	DATE 4-11-06

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Apostolicas, George P. 1275 Lake Heathrow Lane Heathrow, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000554540 05/15/06-80096-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DoBosh, Joe 1275 Lake Heathrow Lane Heathrow, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roecker, Paul 1275 Lake Heathrow Lane Heathrow, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Millsap, Brad 1275 Lake Heathrow Lane Heathrow, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.	
SIGNATURE:  R. Paul Roecker	DATE 4-11-06 (407) 333-1600 x125

CR2E034B 1/12/02