2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A State

	AITITUALI				r ,	
1. Entity Nan	MENT # P980000704				Secretary	of S
Principal Place of Business Mailing Address 1206 MILLENNIUM PARKWAY P.O. BOX 2638 STE 2000 BRADENTON, FL 33509-2636 BRANDON, FL 33511 US			3 US			
DO NOT WRITE IN THIS SPAC				01042008 No Chg-P CR2E034 (11/05)		
			CE	4. FEI Number 59-3530034		ied For Applicable
	$\frac{a^{C_{1}}}{a^{C_{2}}} = \frac{1}{16}$		*	5. Certificate of Status Desire	60 7E A July	
	6. Name and Address of Current Reg	istered Agent				
SULLIVAN, JOHN E 1206 MILLENNIUM PARKWAY STE 2000 BRANDON, FL 33511 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 acceptable of the obligations of registered agent.						nd accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent sagr				quired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees [10]	1000884391 700_00043_mne 15	n nn
10.	OFFICERS AND DIF	ECTORS			'ue-auuqc-uub lb '	the the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SULLIVAN, JOHN E 1206 MILLENIUM PKWY STE 2000 BRANDON, FL 33511					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP				DO NOT	WRITE	

IN THIS SPACE

12. Thereby 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:

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

UKE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-681-3480