2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2007 8:00 am Secretary of State **DOCUMENT # P98000070644** 04-06-2007 90043 049 ***150.00 DONNELLY & RUSSO, P.A. Principal Place of Business Mailing Address 40052376 3708 W. EUCLID AVE. 3708 W. EUCLID AVE. TAMPA, FL 33629 TAMPA, FL 33629 04032007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3527707 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DONNELLY, SEAN V DO NOT WRITE 3708 W EUCLID AVENUE TAMPA, FL 33629 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent 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 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DONNELLY, SEAN V NAME STREET ADDRESS 3708 W EUCLID AVENUE TAMPA, FL 33629 CITY-ST-ZIP TITLE RUSSO, JOSEPH C NAME STREET ADDRESS 3708 W EUCLID AVENUE TAMPA, FL 33629 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP 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 truete 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.

SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING ORGCER OR DIRECTOR

SIGNATURE:

FILED

813-832-9750