2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business 7949 RED RIVER RD WEST PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	or
WEST PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	or
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	or
Suite, Apt. #, etc. Suite, Apt. #, etc. O4182007 Chg-P CR2E034 (12/06) City & State City & State Country Zip Country Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 act the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title # applicable. (NOTE Registered Agent signature required when reinstance) PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Additional Fee Required Applied PSTD	or
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5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 7. 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 registered agent. SIGNATURE: Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when renstiting) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 4. Added to Fees 10. OFFICERS AND DIRECTORS In ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE PATE DEBIS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE PAGUR, ALICIA SIRET ADDRESS TYPE PALM BEACH, FL 33411 Debits TILE Debits TILE Debits TILE Debits TILE Debits TILE Debits Change 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) Tam familiar with, and acceptable of Florida. Tam familiar with, and acceptable of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with, and acceptable of Florida agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with, and acceptable of Florida. I am familiar with, and	
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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	