FILED Mar 11, 2008 8:00 am Secretary of State 01-29-2008 90009 021 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P9800010		01-29-2008	3 90009 021 ****	150.00		
!			7	J			
Principal Place of Business Mailing Address				· ·			
	HTSBRIDGE PLACE N, FL 33449	11813 KINGHTSBRIDGE Wellington, FL 33449		6600	3172	Tř sven átim á krið tímð alur la	IN 1961 A 1881
Principal Ptace of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-P	CR2E034 (12/06)	
City & State		City & State			253		pplied For ot Applicable
Zip	Country	Zip .			of Status Desired	\$8.75 Ad Fee Require	ditional ed
<u></u>	6. Name and Address of Curre	Narre	7. Name and Address of New Registered Agent Name				
RESCH, J	OHN C BERGHLN 11813	s (P.O. Box Number	is Not Acceptable)			
WELLING:	ohn c BERCHLN 11813 FON, FL 39444 Wellington						
	.0	,	City	-		FL Zip Cod	le
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 regisfered agent							
SIGNATURE //Lil / 1/33/08							
Significate, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when renstating) OATE							
FILE NOWII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
THE	PD PSCOV POWER	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	RESCH, JOHN C 15675 LINBERGH LN	NAME STREET ADDRESS				(
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP)
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	RESCH, MARYANN 15675 LINBERGH LN		MAME STREET ADDRESS	,	,		
City-ST-ZIP	WELLINGTON, FL 33414		CITY-SI-ZIP				
TITLE		☐ Delota	TITLE			☐ Change	☐ Addition
HAME			NAME		. <u>-</u>		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				1
TILE	<u> </u>	Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
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TITLE		Oeletz	TITLE				☐ Addition
NAME			NAME			The seconds	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-S1-ZIP				1
TITLE		Delete	TITLE			☐ Change	[7] Addition
NAME		_ veiat	NAME			in complete	Addition
STREET ADDRESS			STREET ADDRESS				1
CITY-ST-ZIP		data atata Attiana anno anno anti-	CITY-ST-ZIP	41-01-1-11	mudal no siling		
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 each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 1/23/08							