2008 FOR PROFIT CORPORATION

FILED) AM te

ANNUAL REPORT				Apr 30, 2008 08:00			
1. Entity Nam	MENT # P990000143 BANNERS, INC.	15		4	S	ecretary of Sta	
Principal Plac 601 SW 77TI HANGER #2 HOLLYWOOD	H WAY	Mailing Address 601 SW 77TH WAY HANGER #2 PEMBROKE PINES, FL 33023] 			
	O NOT WRITE	IN THIS SPA	CE	02062008 4. FEI Number 65-0909	No Chg-P	CR2E034 (11/05) Applied For Not Applicable	
	6. Name and Address of Current Re	;	,	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
BENYO, ROBERT C 601 SW 77TH WAY HANGAR #2 PEMBROKE PINES, FL 33023 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE; Registere	d Agent signatura requires	d 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 Added to Fees		000000 05/23/08	0935538 -80077-009 1 50. 00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BENYO, ROBERT C 601 SW 77TH WAY PEMBROKE PINES, FL 33023 VP BENYO, DANA M 601 SW 77TH WAY PEMBROKE PINES, FL 33023	RECTORS			•		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	

12. I hereby 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE