2007 FÓR PROFIT CORPORATION

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ANNUAL REPORT				7	,			
1, Entity Nan	MENT # P990000315		WW. William	S	Secreta	ary of St		
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Principal Plac 623 CORAL NAPLES, FL		Mailing Address 623 CORAL DR NAPLES, FL 34102				* 4		
	And the second s			39				
-	A MOT MOTE	^=	01202007	No Chg-P	CR2E034	(11/05)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 65-091			Applied For Not Applicable	
					of Status Desired		.75 Additional Required	
	6. Name and Address of Current Re	gistered Agent		***************************************	and the second second second			
KILLILEA,			DΩ	NOT W	RITE			
623 CORA NAPLES,		-		THIS SF	•			
				11V	inio of	ACE		
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or registe	red agent, or bo	lh, in the State of Flo	orlda, I am fami	liar with, and accept	
SIGNATURE.	Signature, typod or printed name of registered agent and	tale il epplicable. (NOTE: Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees		F **		
10.	OFFICERS AND DI	RECTORS		······································		karagi repositore		
TITLE NAME	PVST KILLILEA, KEVIN J				Mana	DE01426		
STREET ADDRESS CILY-ST-ZIP	623 CORAL DR NAPLES, FL 34102				01/26/07	'-80049-1	008 150,00	
TITLE		· · · · · · · · · · · · · · · · · · ·			* * * * * * * *		*	
NAME STREET ADDRESS								
CITY-ST-ZIP								
THTLE NAME		· ,						
STREET ADDRESS				DO	NOT W	RITE		
CHY-SI-ZIP				•	THIS SP			
NAME				IIW	inio or	HOL		
STREET ADDRESS CITY-ST-ZIP			[
MLE								
name Street address								
CITY-ST-ZIP								

12. Thereby 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 truesteer my parent is 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 apprease, with all other like empowered.

SIGNATURE:

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

STORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR