## **2007 FOR PROFIT CORPORATION**

## **FILED** 2007 08:00 Al te

	ANNUAL		Apr 10, 200/ 08:0				
DOCUMENT # P99000038178						Secreta	ary of Sta
Principal Place of Business  3301 OLD WAILES RD. LAKE WALES, FL 33898  Mailing Address  636 U.S. HIGHWAY ONE, SUITE NORTH PALM BEACH, FL 3340				1   1   1   1   1   1   1   1   1   1	N INIO ANH CCH 40M CON	OCCUPA CONTRACTOR INTO	I INRUS GOVERNI SI JARIK
D	O NOT WRITE	CE	04042007 4. FEI Numb 65-092		CR2E034 (1	* 1886* ********************************	
6. Name and Address of Current Registered Agent  MACKAIL, RON T 3301 OLD WAILES RD.  LAKE WALES, FL 33898					NOT W THIS SP		
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 provided name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							ar with, and accept
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDVP MACKAIL, RON T 3301 OLD WAILES RD. LAKE WALES, FL 33898	RECTORS			U00 04/18/	00069710 07-80027	1 -009 150.00
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-SI-ZIP					NOT W THIS SP		
IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE!

4/6/0 Daytime Phone #