2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 A Secretary of State

DOCU 1. Entity Nan MDSS, [N)1				Secr	ctary or S
200 E GRAN #200	ADA BLVD	Mailing Address 200 E GRANADA BLVD #200 ORMOND BEACH, FL 32176] 	 	\ \ \!!! !! !\ !! !	XI
C	OO NOT WRITE I	CE	03062007 No Chg-P CR2E034 (11/05) 4. FEI Number				
#200 ORMOND	ANADA BLVD BEACH, FL 32176	DO NOT WRITE IN THIS SPACE ed 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P SELBY, DWIGHT C 200 E GRANADA BLVD #200 ORMOND BEACH, FL 32176	CTORS		,	U0000 04/17/07	10695972 1-80079-	025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT W	—	

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 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

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

PAPERINTED NAME OF SIGNING OFFICER OF DIRECTOR

63.07 386-238-4456