2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jul 10, 2007 08:00 AM DOCUMENT # P99000064800 **Secretary of State** LAW OFFICE OF JAMES A. THOMAS, P.A. Principal Place of Business Mailing Address 334 S. HYDE PARK AVE. 334 S. HYDE PARK AVE. TAMPA, FL 33606 TAMPA, FL 33606 07032007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3589409 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, JAMES A DO NOT WRITE 334 S. HYDE PARK AVE. TAMPA, FL 33606 IN THIS SPACE 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, typod or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE THOMAS, JAMES A NAME 334 S. HYDE PARK AVE. STREET ADDRESS U00000767630 CITY-ST-ZIP **TAMPA, FL 33606** U771U7U7-8U012-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP 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 extrustee 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. If the like empowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR