## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 09, 2007 08:00 A Secretary of State

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1. Entity Nam	MENT # P990000714		Secretary of St			
Principal Plac	ce of Business	Mailing Address	-			
877 111TH	AVE N	877 111TH AVE N				
STE 3 Naples, Fl	34108	STE 3 Naples, FL 34108				
MAN CEO, FE	34100	WAI 200, 12 34100				(1. <b>11</b> 11) (1.111) (1.111) (1.111) (1.111) (1.111)
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				01292007	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe	er	Applied For
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F.,		والمجروبة بمساور ويتعطيهم أريد أدارك	والمستعدد المستعدد المستعدد المستعدد	-5Certificate	of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	- 1			
ANDERSON, LARRY				DO	NOT W	RITE
877 111TH AVE NORTH STE 3			1 17 11	*		
NAPLES,	FL 34108			IN, 7	THIS SP	ACE
				•	•	
8. The above	e named entity submits this statement for the	e purpose of changing its regist	ered office or register	ed agent, or bot	h, in the State of Flo	orida. I am familiar with, and accept
	tions of registered agent.	- P. P		<b>g</b>		
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Regist	ered Agont signature required	(when reinstating)		DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaig Trust Fund Contril				.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS				
TITLE	С		* " , " , " , " ,			
NAME STREET ADDRESS	ANDERSON, LARRY DR 877 111TH AVE NORTH STE 3		3 24 4			
CITY-ST-ZIP	NAPLES, FL 34108		٠, '		and the second second	
TITLE					Hom	000660662
NAME			or supers		03/20/	07-80009-017 150:00
STREET ADORESS CITY-ST-ZIP			10.00			
TITLE			-			
NAME		-	- 1 - 2/11 - 2/11	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	منهم کار دیستان به از است به را در در	المعاونية أمان مستقد الما المستقدية وإلى مان ماند المانية المانية
STREET ADDRESS	ļ			DO.	NOT W	RITE
CITY-ST-ZIP	1				` .	į
TITLE NAME					THIS SF	PACE - >
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CITY-ST-ZIP				•		
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NAME STREET ADDRESS				A Marie	and the	sa consta
CITY-ST-ZIP				1.6	en e	
TITLE				A STA		Park to March of the State of

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 of the receiver/or tydstee 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 an other like empowered.

LARRY ANDERSON

SIGNATURE

STREET ADORESS CITY - ST - ZIP

SNATURE AND DIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7.00

239)566-7737