

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90004 003 \*\*\*150.00

**40029974**



01292007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0988537** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | DVT                                 | <input type="checkbox"/> Delete |
| NAME           | BRANDEN, CRIS V                     |                                 |
| STREET ADDRESS | 450 E LAS OLAS BLVD 15 FLOOR        |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33301           |                                 |
| TITLE          | S                                   | <input type="checkbox"/> Delete |
| NAME           | HANDLEY, RICHARD L                  |                                 |
| STREET ADDRESS | 450 E LAS OLAS BLVD 15 FLOOR        |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33301           |                                 |
| TITLE          | DCEO                                | <input type="checkbox"/> Delete |
| NAME           | HAWKINS, DARE W                     |                                 |
| STREET ADDRESS | 4318 DOWNTOWNER LOOP NORTH, SUITE D |                                 |
| CITY-ST-ZIP    | MOBILE, AL 36609                    |                                 |
| TITLE          | D                                   | <input type="checkbox"/> Delete |
| NAME           | VIDUEIRA, CARLOS                    |                                 |
| STREET ADDRESS | 450 E. LAS OLAS BLVD 15TH FLOOR     |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33301           |                                 |
| TITLE          | D                                   | <input type="checkbox"/> Delete |
| NAME           | HUIZENGA, H. WAYNE JR.              |                                 |
| STREET ADDRESS | 450 E. LAS OLAS BLVD 15 FLOOR       |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33301           |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DCEO                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Hawkins, W. Dare    |  |
| STREET ADDRESS | 360 4th Avenue      |  |
| CITY-ST-ZIP    | Chickasaw, AL 36611 |  |
| TITLE          | VP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Carla Bell          |  |
| STREET ADDRESS | 360 4th Avenue      |  |
| CITY-ST-ZIP    | Chickasaw, AL 36611 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

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 the 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: Carla Bell (Carla Bell)

1-29-06

251-330-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #