2007 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 16, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P99000103				' 90064 018 ***1:	50.00		
Principal Plac		Mailing Address			Ularaz			
4400 HWY 2 SUITE 407		4400 HWY 20 EAST Suite 407						
NICEVILLE, FL 32578 NICEVILLE, FL 32578				ITHE COM COME COME	TI ITALI CUITA INIU AINA IBIN 81	 		
		5447						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04102007	Chg-P	CR2E034 (12/06)		
City & Stat	eville FL	City & State Diceville	ドレ	4. FEI Numbe 59-361			oplied For ot Applicable	
333S	Country Country	302578	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	ditional ed	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and	Address of New R	legistered Agent		
MOORE, BRET A			Street Address (P.O. Box Number is Not Acceptable)					
102 BAYSHORE DRIVE NICEVILLE, FL 32578			Street Addit	Silver Address (F.O. Box Number is Not Acceptable)				
			City			⊏ ∎ Zip Cod	le	
The above named entity submits this statement for the purpose of changing its reg			'		h in the Orace of El			
the obligat	ions of registered agent.	the purpose of changing its re	gistered onice ar reg	gistered agent, or bot	n, in the State of Fit	onda. Tam tamilar with,	апо ассерт	
SIGNATURE								
	biginatore, typica or printed risalite of registered against							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign		\$5.00 May Be Added to Fees			-	
After Ma	ay 1, 2007 Fee will be \$550.0 OFFICERS AND D	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
10.	officers and the PSTD	9. Election Campaigr Trust Fund Contrib	11.	\$5.00 May Be Added to Fees	CHANGES TO OFF		S IN 11	
After Ma	ay 1, 2007 Fee will be \$550.0 OFFICERS AND D	9. Election Campaigr Trust Fund Contrib	11.	\$5.00 May Be Added to Fees	CHANGES TO OFF	ICERS AND DIRECTOR		
10. TITLE NAME	OFFICERS AND I PSTD STAPLETON, TIMOTHY K	9. Election Campaigr Trust Fund Contrib	11. ITTLE NAME	\$5.00 May Be Added to Fees	CHANGES TO OFF	ICERS AND DIRECTOR		
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12. I hereby 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 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:

SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

4/10/07

d18-582. 4045

Daytime Phone #