## 2007 FOR PROFIT CORPORATION

**FILED** M

ANNUAL REPORT					_ , Jul 1,1	<b>, 2</b> 007	08:00 A
1. Entity Nam	MENT # S00537 PRESS, INC.				Sec	cretary	of State
Principal Plac 3821 OCITA ORLANDO, F	DRIVE	Mailing Address 3333 S. FRONT ST. PHILADELPHIA, PA 19148					
D	O NOT WRITE  6. Name and Address of Current R	CE	## 07052007 No Chg-P CR2E034 (11/05)  ## FEI Number				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				_	NOT WI		
the obligat SIGNATURE_	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent an	·	nd Agent signature required		oth, in the State of Flori	da. I am familiar v	ith, and accept
TO.  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND C PSTD PHILLIP, RICHARD 3821 OCITA DR ORLANDO, FL			DO	U000007 07/11/07-8 NOT WI	RITE	<b>750.</b> 00
name Street address City-St-Zip							

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 AND TYPED AN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

7-6-07 800 657 8046 Date Dayline Prone #