2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 08:00 AM Secretary of State

DOCUMENT # S03889 1. Entity Name WILLIAM LYMAN, P.A.			Se	ecretary of Stat
Principal Place of Business Mailing Address 1201 NW 99 AVE PLANTATION, FL 33322 US PLANTATION, FL 33322 US		 	18(88)((8) 18(8))8((8) 8()	(AN) BERN BIRN BIRN BIRN BIRN BERNING 11 1821
DO NOT WRITE IN THIS SPACE		02052007 4. FEI Number 65-0218	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LYMAN, WILLIAM 1201 N.W. 99TH AVE. PLANTATION, FL 33322			NOT WE	
	(NOTE Registered Agent equations required action Campaign Financing\$		i. in the State of Flori	da. I am familiar with, and accept
10. OFFICERS AND DIRECTORS THE D LYMAN, WILLIAM DIRECTORS CITY ST 7/P PLANTATION, FL 33322 THE NAME STREET ADDRESS CITY ST 7/P THE				0641059 -80093-001 150. 00
NAML SIRELI ADDRESS CITY-ST-ZIP TILLE NAME SIRELI ADDRESS CITY ST-ZIP TILLE NAME SIRELI ADDRESS CITY-ST-ZIP		•	NOT WI HIS SP	
IIILE NAME. SIRELE ANDRESS CITY-ST-/IP 12. I heroby certify that the information supplied with this fiting does no indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute changed, or ori an attachment with an address, with all other like in the corporation of the receiver or trustee empowered to execute the changed.	ate and that my signature shall have the lethis report as required by Chapter 6	e samo legal ellect	as il made under ca	ith; that I am an officer or director.

MATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR