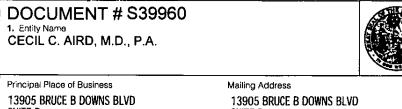
2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State



SUITE B SUITE B TAMPA, FL 33613 TAMPA, FL 33613 No Chg-P 04232008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3059528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CATANIA, PAUL B DO NOT WRITE ONE TAMPA CITY CENTER **SUITE 2865** IN THIS SPACE TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000948737 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 <u>06/02/08-80067-008 150.00</u> After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THIE NAME AIRD, CECIL C وال الإيما الأنداع STREET ADDRESS 13905 BRUCE B DOWNS BLVD CITY-ST-ZIP **TAMPA, FL 33613** TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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 NAME OF SIGNING OFFICER OR DIREC