2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # S58109

FADDIS, OLDHAM & SMITH, P.A.



FILED Mar 13, 2007 08:00 AM Secretary of State

Principal Place of Business

5250 SO US HWY 17-92 CASSELBERRY, FL 32707

US

Mailing Address

5250 SO US HWY 17-92 CASSELBERRY, FL 32707



DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3077830 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FADDIS, ERIC H 5250 SOUTH U.S. HWY, 17-92 CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

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 life if applicable (NOTE Registered Agent signature required when reinstating) DATE						
	Signature, typeo or primed name of registered agent and title in	applicable (NOTE Registered	Agent signaturi	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
THILE NAME STREET ADDRESS CITY-ST-ZIP	PD FADDIS, ERIC H. 5250 S US HWY 17-92 CASSELBERRY, FL 32707			U00000664723 03/22/07-80056-025 150.00 ผอเพิ่มดอธิกามร		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					#01/000660115 03/16/07-90039-025 150.00	
TITEE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN T	THIS SPACE	
THILE NAME STREET ADDRESS CITY-ST-7IP THILE						

whis filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all pure like empowered. 12. I hereby certify that the information supplied with indicated on this report or supplemental reports of the corporation or the receiver or trus changed, or on an attachment with an

SIGNATURE:

NAME STREET ADDRESS