2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 Al Secretary of State

DOCL	MENT # S74270			7	out.	Secretar	v of St
1. Entity Nam STMS, IN	ne				,		y 01 50
	e of Business	Mailing Address					
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	R, FL 33765	CLEARWATER, FL 33765]]			
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DO NOT WRITE IN THIS SPA			CE	01152008	No Chg-P	CR2E034 (11/0	Applied For
				4. FEI Number 59-3082		<u> </u>	Not Applicable
		•			of Status Desired	□ \$8.75 / Fee Requ	Additional
	6. Name and Address of Current Re	gistered Agent	T	, ,		5 J 4 1 - 1 . 2 h 5	4. (A) (A)
	DER, LEONARD S. ND AVENU NORTH				NOT W		
5959 CEN	TRAL AVENUE, SUITE 201				HIS SP	and the second of the	
ST. PETE	RSBURG, FL 33710		, see				3.3
						ation state, with the pr	
	enamed entity submits this statement for titions of registered agent.	he purpose of changing its registe	red office or register	red agent, or both	n, in the State of ∺lo	rida. I am familiar w	ith, and accept
SIGNATURE_							
SIGNATURE	Signature, typed or printed name of registered agent and	utle if applicable. (NOTE: Register	ed Agent signature required	(when reinstating)		DATE	
FIL	Signature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina	noing \$5.	.00 May Be		DATE	
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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 truetee 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 order like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime