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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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9. Name and Address of Current Registered Agent SWINSON, MICHAEL J. 6108 APPLEGATE DR. SPRING HILL FL 34606 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 85 City FL 85 City		Country		Country		
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B108 APPLEGATE DR. SPRING HILL FL. 34606 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Persuant to this provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-remed corporation eubmits this statement for the purpose of changing its registered region Lam familiar with, and accept the obligations of, Section 607 (505, Florida Statutes, the above-remed corporation eubmits this statement for the purpose of changing its registered region Lam familiar with, and accept the obligations of, Section 607 (506, Florida Statutes, the above-remed corporation eubmits this statement for the purpose of changing its registered region and advent of directors. I hereby accept the appointment as registered statutes, the above-remed corporation eubmits this statement for the purpose of changing its registered region and of directors. I hereby accept the appointment as registered appears and the firedatable. Dotter and the firedatable provided the firedatable provided the firedatable provided the firedatable provided the firedatable. Potential Statutes, the above-remed corporation eubmits this statement for the purpose of changing its registered region and adventises and the firedatable provided the firedat			ur vadisteleti Vdelit	81 Name	10. Name and Address of New Ad	Mistalan Whelif
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IT. Pursuant to this previations of Sections 607 (502) and 607 (1508; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the registered agent a				84 City		85 Zip Code
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I am an officer or director of the corporation or the resover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or any attachment with an address.	informatio	in indicated on this annual report or	r supplemental annual report is tr	ue and accurate and tha	it my signature shall have the same leg	al effect as if made under oath; that
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