2007 FOR PROFIT CORPORATION.

FILED Feb 26, 2007 08:00 A Secretary of State

S. Certificate of Status Desired S. Cer	ANNUAL REPORT						g = 0, = 00.	CC
DO NOT WRITE IN THIS SPACE Applied For School Program of the purpose of changing at registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accidence of legistered agent. Applied For School Program of the purpose of changing at registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accidence of legistered agent.	1. Entity Name					,	Secretary	of Si
DO NOT WRITE IN THIS SPACE 4. FEI Number	6171 MID ME	ETRO DR, #2	6171 MID METRO DR, #2	S			1191 1191 1191 1191 1191 1191 1191 119	1 13 1 11
6. Name and Address of Current Registered Agent DIGBY, VICKI 5463 HARBOR CASTLE DR FORT MYERS, FL 33907 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 accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the purpose of the pu	DO NOT WRITE IN THIS SPA			CE	02072007	No Chg-P	CR2E034 (11/05)	
DIGBY, VICKI 5463 HARBOR CASTLE DR FORT MYERS, FL 33907 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 accomplished or present agent and the 4 spoicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accomplished or present agent and the 4 spoicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accomplished or present agent and the 4 spoicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accomplished agent agent and the 4 spoicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accomplished agent agent agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS DIGBY, VICKI STRET ADDRESS CITY-ST-2P FORT MYERS, FL 33907 TITLE NAME STREET ADDRESS CITY-ST-2P DO NOT WRITE INTE INT HIS SPACE					65-033	4181	\$8.75 Add	t Applicable
Signature. Typed or printed norme of registated agent and title if applicable. (NOTE: Registated Agent argument required when renestang) Public Prints File Now!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. ON NO Prints	5463 HARBOR CASTLE DR FORT MYERS, FL 33907 8. The above named entity submits this statement for the purpose of changing its registers			IN THIS SPACE				
## Sirect Address City-St-Zip Steet Address	SIGNATURE:	Signature, typed or printed name of registered agent and tit	e if applicable. (NOTE: Registers	d Agent signature required	when reinstating)		DATE	
TITLE NAME DIGBY, VICKI STRET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME THE SPACE	FILE MOMINI FEE 19 \$ 100.00				.00 May Be			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE INTE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIGBY, VICKI 5463 HARBOR CASTLE DR	CTORS				**************************************	
STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE	STREET ADDRESS CITY-ST-ZIP	,				000000 -03/06/07	646812 80047-009 150).00
CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		·					

12. I hereby certify that the information supplied with this filing does not challify 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 tustee empowered to execute this eport 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-22-60

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