1. Entity Nam	MENT # V61989			Apr 07, 2008 08:00 Apr 07, 2008 000 Apr 07, 2008 08:00 Apr 07, 2008 000 Apr 07, 2008 08:00 Apr 07, 2008 0000 Apr 07, 2008 0000 Apr 07, 2008 0000 Apr 07, 2008 0000 Apr 07, 2008 000000 Apr 07, 2008 00000 Apr 07, 2008 00000 Apr 07, 2008 00000 A	
Principal Place of Business Mailing Address 6000 METRO WEST BLVD STE 111 6000 METRO WEST BLVD STE 000 METRO WEST BLVD STE 0000		111		AN FININ JANA KANTININA ANTI ANTI ANDI ANDI ANDI ANDI ANDI ANDI ANDI AND	
DO NOT WRITE IN THIS SPACE				O4012008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0354388 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKORMAN, MARC 6000 METRO WEST BLVD STE 111 ORLANDO, FL 32835			DO NOT WRITE IN THIS SPACE		
the obligat SIGNATURE FIL After M	Signature, typed or printed agent, Signature, typed or printed name of registered ag E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	O O	d Agent signature required	_	DATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI P SKORMAN, MARC 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786 VS SKORMAN, KEVIN 9720 LAKE ISLEWORTH CT	ID DIRECTORS			
DITY-ST-ZIP TITLE STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP	WINDERMERE, FL 34786	DO NOT WRITE IN THIS SPACE			
ITTLE ITTLE STREET ADDRESS DITY - ST - ZIP ITTLE IAME STREET ADDRESS					
ITY-ST-ZIP 12. I hereby c indicated of the cor	on this report or supplemental report coration or the receiver or trustee en or on an attachment with an addres	is true and accurate and that my signati powered to execute this report as requir	ure shall have the si ed by Chapter 607,	ame legal effec Florida Statute	9, Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director ss. and that my name appears in Block 10 or Block 11 if
