2007 FOR PROFIT CORPORATION

FILED Jan 22, 2007 08:00 AM

ANNUAL REPURI					C (C)	
DOCU 1. Entity Nan ALACHO					Secretary of State	
Principal Place 2032 HILLV SARASOTA,		Mailing Address 2032 HILLVIEW ST SARASOTA, FL 34239 US] 	18 1886 NBW 8810 NBW NBW NBU 810U 810U 810U 810U 810U 810U 810U 810	
DO NOT WRITE IN THIS SPACE			CE	01172007 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G. 1550 RINGLING BLVD. SARASOTA, FL 34236			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 title if applicable. (NOTE. Registered Agent signature required when rematating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.						
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TOTLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DI PT BALLIETT, JOHN W 2032 HILLVIEW ST SARASOTA, FL	RECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	POPIELINSKI, JAMES G 2032 HILLVIEW ST SARASOTA, FL				000000598392 01/24/07-80075-005 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME LAMBRECHT, WG STREET ADDRESS 1550 RINGLING BLVD CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME		DO NOT WRITE IN THIS SPACE			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						
STREET ADDRESS			I			

12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee 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 other like empowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR