No.	Annual Report Form 1. Mailing Address - Correct in this box, if applicable CERTIFIED PROFESSIONAL EMPLOYER ORG CAROLYN BRADHAM 401 YELVINGTON AVE CLEARWATER, FL 33755		Registered Agent and Office NO PO BOX NATIONAL REGISTERED AGENTS 1423 TYRELL LN BOISE, ID 83706 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				
BOISE, ID 63720-0000				
NO FILING FEE IF				
RECEIVED BY DUE DATE 4. Corporations: Enter Nar	nes and Business Addresses of Preside	ent, Secretary ar	nd Directors.	
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
Pres/Sec/				
Director August	R. Curcio 535 Central A	ve. Ste.	402. St. F	Petersburg. FL 33701
Director Carolyn	Bradham 401 Yelvington	n Ave. C1	earwater.	FL 33755
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			<u></u>	
5. Organized Under the Laws of: FLORIDA C 146966	6. Signature	Sullian		
	Name (Typed or Carclyn B	radham	TitleDi	rector
(Name Printed)			12003279