2006 FOR PROFIT CORPORATION ANNUAL REPORT

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C/O BETTE KESTER CONNAD, ESQ. T/TS , FLAGELER OR, STE 500 WEST PALM BEACH, FL 33401 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Street Address of New Registered Agent To Name and Address of New Registered Agent Name VAN ANDEL, PETER Street Address (P.O. Box Number is Not Acceptable) The City of the Ad	pplicab
Suite, Apt. R, etc. Suite, Apt. R, etc. O1172008 Chg-P CR2E034 (11/05) City & State To Name and Address of New Registered Agent Name VAN ANDEL, PETER 777 S. FLAGLER DRIVE SUITE 500 W PALM BCH., FL 33401 City FL Zip Code 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. It am familiar with, an the obligations of registered agent, or both, in the State of Florida. It am familiar with, an interest of the companies of	osollad
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6. Name and Address of Current Registered Agent VAN ANDEL, PETER 777 S. FLAGLER DRIVE SUITE 500 W PALM BCH., FL 33401 City FL Zip Code 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 Fiorida. I am familiar with, an the obligations of registered agent. Signature FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. MANE SOKIOL, ALBERT J. SIREIT ADDRESS	onat
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E. 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. It am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and time if applicable (NOTE: Registered Agent algorithms required when rehatating) OATE FILE NOWILL FEE IS \$150.00 After Nay 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Deformance Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. NAME SOKOL, ALBERT J. STREET ADDRESS 319 EL VEDADO STREET ADDRESS 110/10/10/1487952 CITY-ST-ZIP PALM BEACH, FL CITY-ST-ZIP D4/14/06-80016-812 150.1	
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 the obligations of registered agent. Signature. Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reheatating) OATE FILE NOWILL FEE IS \$15D.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT THE SOKIOL, ALBERT J. STREET ADDRESS 319 EL VEDADO STREET ADDRESS 11070101487952 CITY-ST-ZIP PALM BEACH, FL OATE	
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INLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does inc. qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information suppliemental 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	⊒ Additio

FILED

Indicated on this report or suppremental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it am an officer or diffector 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Lise Kenny, as Secretary of Secretary of