


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90427 031 ***150.00

DOCUMENT # P0000039015

1. Entity Name
THETA GENERAL, INC.



Principal Place of Business
**1140 N/E CLEVELAND
 CLEARWATER, FL 33755**

Mailing Address
**PO BOX 231
 CLEARWATER, FL 33755**

2. Principal Place of Business
15549 CORTEZ BL
 Suite, Apt. #, etc.

3. Mailing Address
15549 CORTEZ BL
 Suite, Apt. #, etc.



04302006 Chg-P CR2E034 (11/05)

City & State
BROOKSVILLE FL

City & State
BROOKSVILLE FL

Zip
34613 Country
USA

Zip
24613 Country
USA

4. FEI Number
59-3639907

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STRICKLAND, DONALD M
 310 PENNSYLVANIA AVENUE
 CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent

Name
STRICKLAND, DONALD M

Street Address (P.O. Box Number is Not Acceptable)
15549 CORTEZ BL

City
BROOKSVILLE FL Zip Code
24613

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 **DONALD M STRICKLAND** *Donald M Strickland* **30 APRIL 06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME STRICKLAND, DONALD M	
STREET ADDRESS 1140 N/E CLEVELAND	
CITY-ST-ZIP CLEARWATER, FL 33755	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DONALD M STRICKLAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 15549 CORTEZ BLVD	
STREET ADDRESS BROOKSVILLE, FL 34613	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 oath; 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: **DONALD M STRICKLAND** *Donald M Strickland* **30 APR 06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7274247635