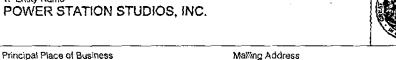
2006 FOR PROFIT CORPORATION . ANNUAL REPORT

DOCUMENT # P01000018360

1. Entity Name

649 SW WHITMORE DR

PORT SAINT LUCIE, FL 34984



FILED Apr 21, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

- 649 SW WHITMORE DR

PORT SAINT LUCIE, FL 34984

04182006 No Chg-P CR2E034 (11/05) Applied For 4. FEi Number 65-1081349 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES, FL 33146

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 egent 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 Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS	T		U00000522508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STINSON, LOUIS JR 2199 PONCE DE LEON BLVD STE 30° CORAL GABLES, FL 33146	•			05/03/06-80031-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SIMMONS, RONALD E 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984				
title name street address city-st-zip	PD BONGIOVI, ANTHONY 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984			DO	NOT WRITE
title Name Street address City-St-Zip	VPD FERGUSON, ANTHONY 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984			IN T	THIS SPACE
Title Name Street address City-St-Zip	TD BUTERA, JOSEPH 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984				
TITLE 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: