

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Company Name
 [REDACTED] INC.

Principal Place of Business
 10329 CROSS CREEK BLVD.
 SUITE H
 TAMPA, FL 33647

Mailing Address
 10329 CROSS CREEK BLVD.
 SUITE H
 TAMPA, FL 33647



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3730180 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, ROBERT W PRES
 18114 NASSAU POINTE DRIVE
 TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

I, 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

[Handwritten Signature]

1/17/06

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

OFFICERS AND DIRECTORS

VP	THOMPSON, ROBERT W
18114 NASSAU POINTE DRIVE	TAMPA, FL 33647
PRES	THOMPSON, KIMBERLY A
18114 NASSAU POINTE DRIVE	TAMPA, FL 33647

U00000397749
 01/30/06-80060-025 150.00

DO NOT WRITE IN THIS SPACE

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 unpowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 813-994-200

Daytime Phone #