2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000033805 Apr 27, 2006 08:00 AN **Secretary of State** RONALD E. SHOLES, P.A. Mailing Address Principal Place of Business 6815 ATLANTIC BLVD 6815 ATLANTIC BLVD JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211 CR2E034 (11/05) 04242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0792081 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHOLES, RONALD E DO NOT WRITE 977 CARLOTTA ROAD WEST JACKSONVILLE, FL 32211 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SHOLES, RONALD E NAME 6815 ATLANTIC BLVD #4 STREET ADDRESS JACKSONVILLE, FL 32211 CITY-ST-7/P U00000539825 05/09/06-80116-010 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver driftrustee 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 withyan afficiess, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06

904 382-2999

Daytime Phone #