_2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 14, 2006 08:00 AM Secretary of State

	WAITOWE I	TE OILI		<u> </u>		my or state	
DOCH	MENT # P0300008928	R <i>A</i>	4111	}			
		9 4	1		1		
1. Emity Nan				i f	1		
I 3H LIMIL	ED, INC.		E GEV IS	1}			
				}			
ĺ				ļ	•		
Principal Plac	ce of Business	Mailing Address	· · · · · ·	7			
				Ì	1		
717 EAST 0		717 EAST OAK STREET	-		•		
KISSIMMEE,	FL 34744	KISSIMMEE, FL 34744	:	1	ì		
			1		· ·		_
			1			###	H
						\${\$1,16(15 (\$);\$ \$\$ 18;\$ \$\\$\\$\$) }}	3
1 				Committeet ein maten titter mater batte mater anter tabien imits frant staffatt er fallt			
		CE	1	,			
			03202006	No Chg-P	CR2E034 (11/05)		
r	O NOT WRITE I			·			
-	O IAOL AAIZIIT I		4. FEI Number		Applied F	O7	
				20-0154	230	Not Appli	icable
					1	\$8.75 Additional	
			:	5. Certificate of	Status Desired	Fee Required	
			, 	<u> </u>		, 69 stedanea	
	6. Name and Address of Current Reg	istered Agent	1				
			{			•	
	HARRY J CPA			ו סמ	JOT WE)ITE	
717 EAST	OAK STREET	}	DO NOT WRITE				
KISSIMMEE, FL 34744			}	15.1			
	, , , , ,		!	IN I	HIS SPA	ACE	
			[,			
			}				
					<u> </u>		
The above	named entity submits this statement for the	purpose of changing its register	ed office or registe	red agent, or both,	in the State of Florid	ia. Jam familiar with, and ac	cept
the obligat	tions of registered agent.		1		_		
					· -	* ***	
SIGNATURE					<u> </u>		_
	Signature, typed or printed name of registered agent and th	le if applicable. (NOTE Registers	d Agent signatura require	d when reinstating)	•	DATE	
		1			· · · · · · · · · · · · · · · · · · ·		
E11	E NOUNL EEP 10 6450 00	9. Election Campaign Finar	ncina \$5	OR May Re			
Affor M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	☐ : Ādo	.00 May Be			
ALLOI W	ay 1, 2000 1 ee wiii bo \$550.00	1		}			
10.	OFFICERS AND DIRE	CTORS 1	T		· · · · · · · · · · · · · · · · · · ·		
	PSTD	3.0.0	•		•		
TITLE	ξ · · · ·		1		1		
NAME	HENRIQUES, JONATHAN M		1		4		
STREET ADDRESS	109 SANCHEZ STREET		ł				
CITY-ST-ZIP	SAN FRANCISCO, CA 94114		{		1		
	}		1		U00000!	507338	
FITLE	}				- 54 /27 /DE 3	80058-025 150.	and the
NAME	{		ŧ .		947217907	pnnag_ass 120.	CC
STREET ADDRESS			•				
City-ST-ZiP					1		
011. 01 2.11	<u> </u>				1		
KITLE			I '				
NAME			1 :		1		
STREET ADDRESS	}		1				
CITY-ST-ZIP	{		ł	- 100 r	NOT WE	21TF	
OIII OI EII			1		•		
TITLE			1	INIT	HIS SPA	\^E	
NAME			•	114 1	HID OFF	4CE	
STREET ADDRESS			[
CITY-SI-ZIP			1		1		
2111 D1-EIL	<u></u>		:				
TITLE			{				
NAME					}		
STREET ADDRESS	•		}		1		
CITY -ST - ZIP			1				
001.60.05			1				
TITLE			•				
NAME			•				
STREET ADDRESS			f		1		
			:		1		i
CHTY-ST-ZIP			L				
12. Thereby c	certify that the information supplied with this	filing does not qualify for the exe	mptions contained	in Chapter 119. F	lorida Statutes, i fur	ther certify that the informati	ัดก
indicated	certify that the information supplied with this on this report or supplemental report is true portation of the receiptor or trustee amount or on an attachment with an eadress, with	and accurate and that my signat	ure shall have the	same legal elfect a	s if made under oath	r; that I am an officer or direc	ctor
or the con	or on an attachment with an artifices with a	yu waxadute tris report as redult Ni other like empowered	ed by Cusblet (0)	r, rionga Statutes;	and that my name a	bbeaus in plock in or Block ,	1111
	The second secon				1 .		