


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90415 039 ***150.00

DOCUMENT # P04000014954

1. Entity Name
CIRCLE OF SUCCESS INC.



Principal Place of Business
**2175 ALOMA AVENUE
 WINTER PARK, FL 32792**

Mailing Address
**1850 W. FAIRBANKS AVE
 SUITE B
 WINTER PARK, FL 32789**

50008812



2. Principal Place of Business
**1850 W. Fairbanks Ave.
 Suite B
 Winter Park, FL.**

3. Mailing Address
**1850 W. Fairbanks Ave.
 Suite B
 Winter Park, FL.**

Zip **32789** Country **USA**

01272006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**VON SCHMELINS, SERGIO
 1680 OAKHURST AVENUE
 WINTER PARK, FL 32789**

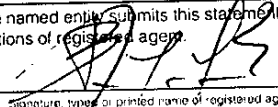
4. FEI Number
20-0579432

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Sergio Von Schmeling**
 Street Address (P.O. Box Number is Not Acceptable)
**1850 W. Fairbanks Ave.
 Suite B**
 City **Winter Park** FL Zip Code **32789**

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  DATE **03/27/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

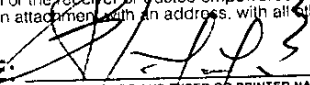
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON SCHMELING, SERGIO 1680 OAKHURST AVENUE WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **03/27/2006** Daytime Phone # **407-740-6747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR