2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

511)217-1202

DOCUMENT # P05000045375 1. Entity Name SANOLUKE HENDERSON INC.								03-13-2006	90053 01	6 ***15	8.75	
Principal Place of Business 190 NW SPANISH RIVER BLVD. SUITE 201 BOCA RATON, FL 33431			Mailing Address 190 NW SPANISH RIVER SUITE 201 BOCA RATON, FL 3343		,		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	AFIII BIBFI BIF	I	11IB 0 1 II (BB)		
Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 535 Hempstead Tumpi Suite, Apt. #, etc.			Ke						
City & State			City & State			, ,	03012006 4. FEI Numb		CR2E03	4 (11/05) Ap	oplied For	
Zip	Country		West Hempster	Couln		lock		3568839 of Status Desired		8.75 Add		
<u> </u>	6 Name	and Address of Current F	1155a		72H			Address of New Re	<u> </u>	ee Require	:d	
	o. Name	and Address of Current F	redistered Affent		Name		r. Name and	Addiess of New Re	iBiarei ed Wi	Jenr		
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 3000 MIAMI, FL												
				City	FL Zip Co					8		
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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campaig Trust Fund Contri				00 May Be ed to Fees					
10.		OFFICERS AND D	DIRECTORS			ADDITIONS,	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11		
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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.												

LOUIS PROSS