


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000069656** - 

1. Entity Name  
**LEVAN ASSET MANAGEMENT CORPORATION**

Principal Place of Business      Mailing Address

8250 COLLEGE PKWY #201      8250 COLLEGE PKWY #201  
 FORT MYERS, FL 33919 US      FORT MYERS, FL 33919 US

**DO NOT WRITE IN THIS SPACE**



04052006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0535301**      Not Applicable

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

6. Name and Address of Current Registered Agent

LEVAN, TERRIS  
 8250 COLLEGE PKWY #201  
 FORT MYERS, FL 33919

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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 the 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

DATE: 05/17/06-80030-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVAN, TERRIS
STREET ADDRESS	8250 COLLEGE PKWY #201
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

**SIGNATURE:**       4/26/06 239-482-4880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #