2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State

1. Entity Name	е	#P9900010		Secretary of State							
Principal Place	e of Busines:	s	-	1							
8982 TAFT S		2024	8982 TAFT STREET PEMBROKE PINES, FL 33024								
P e mbroke P	PHYES, PL S	3024	PEWDRONE PINES, IL	33024			is (eris halff sahl) sahli ka	INI IINI PRIN REI		18 7 1 /1 1881	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182006	Chg-P	CR2E03	34 (11/05)		
City & State			City & State		4. FEI Numb 65-096				plied For t Applicable		
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current			t Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				
10050110			Name								
JOSEPH S. LANIA, CPA, PA 8982 TAFT STREET					Street Address	Street Address (P.O. Box Number is Not Acceptable)					
PEMBROKE PINES, FL 33024											
					City			FL	Zip Code	9	
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	9. Election Camp Trust Fund Cor			.00 May Be ded to Fees				:	
10.	1 ==	OFFICERS AN		11.	1	ADDITIONS	/CHANGES TO OF	FICERS AND	_		
TITLE NAME	PD KNISLEY	, HELEN C	☐ Detele	NAM! Stre					☐ Change	Addition	
STREET ADDRESS	ł	T STREET									
CITY-ST-ZIP		KE PINES, FL 33024		_	r-ST-ZIP						
TITLE NAME	SD	, JOHN E	C Delete	TIT! Nam	I		HILLIA.	M393.79	Li Change	Addition	
STREET ADDRESS	ļ	T STREET		STRE		ikujujuji393,794 <mark>□ Change □ Addili</mark> Ú1/2S/06-80036 001 150.00			յՍ.ՍՍ		
CITY-ST-ZIP	PEMBRO	KE PINES, FL 33024		_	/-ST-ZIP		····				
TITLE NAME			☐ Delete	Titl Naa	i				☐ Change	☐ Addition	
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				_	Y-ST-ZIP				<u> П</u> м	FTT CAME.	
TITLE NAME			☐ Delete	TITE					☐ Change	☐ Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP		-00	—		Y-ST-ZIP						
NAME			☐ Delete	TITL					☐ Change	☐ Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CIT	Y-\$T-ZIP					<u>.</u>	
TITLE NAME			Defele	IIII Nam	· I				☐ Change	Addition	
STREET ADDRESS	1				EET ADDRESS						
CITY-ST-ZIP				<u> </u>	Y-ST-ZIP						
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.											