2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name	MENT # 446659 DIL COMPANY				1	03-03-2006	90104 05	0 ***158	2.75	
Principal Place	e of Business	Mailing Address			•					
3925 DR M L KING BLVD FT MYERS, FL 33916 US		PO BOX 982	US			23375	ne desta 0101. DINI	. 41211 24211 4121	IIARI 11 1981	
		To Marie Addison								
2. Principal Place of Business		3. Mailing Address			1	DIO 61119 01101 BIILO 11			 141 1 1 1 1 1 1 1 1 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282006	Chg-P	CR2E03	34 (11/05)	<u></u>	
City & State		City & State			4. FEI Number 59-15128	331			plied For at Applicable	
Zip	Country	Zip -	Country		5. Certificate of	Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent	N		7. Name and A	ddress of New	Registered A	gent		
EAVING WAITED E CD			Name	Name						
EAKINS, WALTER E SR 3925DR ML KING BLVD. FT MYERS, FL 33916			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
			City					Zip Cod	e	
				FL						
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	gistered office or	registere	id agent, or both,	, in the State of F	Rorida. Iam f	amiliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Agent signatu	ure required y	vhen reinstating)		DATE			
		T								
FIL: After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	• –		00 May Be d to Fees					
After Ma	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib	• –		d to Fees	HANGES TO OF	FICERS AND			
After Ma	officers and	Trust Fund Contrib	11.		d to Fees	HANGES TO OF	FICERS AND	DIRECTOR:	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 chapter is a supplementable of the corporation of the

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/06 239-334-015/