FILED Mar 30, 2006 8:00 am Secretary of State

. j	ANNUAL REPORT				03-15-2006 90103 011 ***150.00		
DOCU 1. Entity Nerr KINSMAN					03-13-2006 901	03 011 ****150.00	
Principal Place of Business 4555 DREXEL RD 4555 DREXEL RD 4555 DREXEL RD 4505 DR			66007823				
C	O NOT WRITE	CE	02212006 No Chg-P CR2E034 (11/05) 4. FEI Number				
6. Name and Address of Current Registered Agent KINSMAN, GRANVILLE H. 4555 DREXEL ROAD LAND O LAKES, FL 34639 GRANVILLE H Kinoman			DO NOT WRITE IN THIS SPACE				
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. Speakers agent and the if applicable. (NOTE: Registered Agent signature required when remetaling) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS				00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP KINSMAN,ELIZABETH H 4555 DREXEL ROAD LAND O LAKES, FL 34639	neutuna					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRIT	i	
HAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
HAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-3P							
12. I hereby certify that the information supplied with this filling 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 occupration 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: DOWN HAVE OF PRINTED NAME OF SECURITY OF SECURI							