2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # 442935 . PRESS PRINTING ENTERPRISES, INC. Principal Place of Business Mailing Address **3601 HANSON STREET 3601 HANSON STREET** POST OFFICE BOX 220 POST OFFICE BOX 220 FORT MYERS, FL 33916 FORT MYERS, FL 33902 CR2E034 (11/05) 01302006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1498447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUETTICH, CARL DO NOT WRITE 15018 BRIAR RIDGE CIR. FT. MYERS, FL 33912 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating). DATE 8. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS INLE NAME LUETTICH, LARRY 13151 KINGS POINTE DR - UNIT 1A STREET ADDRESS FT. MYERS, FL 33919 CITY-ST-ZIP HOUGUI448147 00/49/96 20002-003 158,75 TITLE LUETTICH, CARL NAME 15018 BRIAR RIDGE CIR. STREET ADDRESS C)1Y-S1-21P FT. MYERS, FL 33912 TILLE MARKE STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 it 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 attrachment with an address, with the other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED