2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

1. Entity Name	MENT #454738 PRPORATION				05-02-2006 90	231 030 ***150	0.00
Principal Place 330 S ORANG BOX 3259 SARASOTA, F	GE AVE	Mailing Address 330 S ORANGE AVE BOX 3259 SARASOTA, FL 34230	US		6003384		I N NE II I U NI
2. Principal Pl	ace of Business	3. Mailing Address					
3415	Magic Oak Lane	Suite, Apt. #, etc. 3415 Mag	ic Oak La	04272006	Chg-P	CR2E034 (11/05)	
Saras Zip		Sara Sota	FL Country	4. FEI Number 59-15387	11	No	plied For Applicable
340	6. Name and Address of Current	34232	<u>US</u>	Certificate of S Name and Ad	Status Desired	\$8.75 Add Fee Required	
DENT, JOH		Name Street Address	Name Dent, John C Tr Street Address (P.O. Box Number is Not Acceptable)				
	ANGE AVENUE A, FL 34236	Λ	341	5 Magic	OOK	Lane	
				rasota		FL Zip God	232
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND		11.	D N 🛨		ERS AND DIRECTORS	
TITLE NAME	DENT, JOHN C JR.	☐ Defete	NAME I	ndot, + ~ toba	.c. JR	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	330 S. ORANGE AVENUE SARASOTA, FL		STREET ADDRESS CITY-ST-ZIP	Sarasu	ic var	. Lane. 34232	
TITLE NAME	D MIKOS, ANDREW	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	9521 LEETA LN SARASOTA, FL		STREET ADDRESS CITY-ST-ZIP				
TITLE	DS						
NAME	DENT MATUNI	☐ Delete	TITLE	DS	. T		Addition
STREET ADDRESS	DENT, KATHY J 330 S ORANGE AVE	□ Delete	TITLE MAME STREET ADDRESS	DS Dent Kati	ny Jak	Øchange Lun e	Addition
CITY-ST-ZIP	ľ		NAME STREET ADDRESS CITY-ST-ZIP	DS Dent Kat 3415 Mag Sarasot		Lune 34232	
	330 S ORANGE AVE	☐ Delete	NAME STREET ADDRESS			Lune	Addition
CITY-ST-ZIP	330 S ORANGE AVE		NAME STREET ADDRESS CITY-ST-ZIP TITLE			Lune 34232	
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CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	330 S ORANGE AVE	Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP he exemptions contisignature shall have required by Chapte	ained in Chapter 119, F	lorida Statutes. I fu s if made under oal and that my name a	Change Change Change	Addition Addition Addition Addition