2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 08:00 AM **DOCUMENT # 600951 Secretary of State** GILES & ROBINSON, P.A., ATTORNEYS AT LAW Mailing Address Principal Place of Business 390 N. ORANGE AVENUE 390 N. ORANGE AVENUE STE 2180 STE 2180 ORLANDO, FL 32801 ORLANDO, FL 32801 No Chg-P CR2E034 (11/05) 01202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1258177 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REID, JOHN J DO NOT WRITE 390 NORTH ORANGE AVE. STE 2180 IN THIS SPACE ORLANDO, FL 32801 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. PTSD TITLE REID, JOHN J NAME 390 N ORANGE AVE STE 2180 STREET ADDRESS CITY-ST-ZIF ORLANDO, FL 32801 H00000458005 TITLE 09/17**/0**6-80028-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-ZIP MAME

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 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS City-St-71P

3-1-06

467-425-3591