## 2006 FOR PROFIT CORPORATION

## **FILED** May 01. 2006 08:00 AM

ANNUAL REPORT					Secretary of State			
ſ	DÓCUI	MENT # 659055			]	Seci	ctary or	State
	1. Entity Name							
Ī	Principal Place	e of Business	Mailing Address	· <u>·</u>				
ĺ	9020 8ZND / LARGO, FL 3		9020 82ND AVE N Largo, Fl. 33777 US		}			
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Į		• (10) William			4. FEI Numb 59-204			Applied For Not Applicable
				_	5. Certificate	of Status Desired	□ \$8.75 Fea Re	Additional autred
ŀ		6. Name and Address of Current Re	gistered Agent		<del></del>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	MASON, P			חת	NOT W	RITE		
9020-8Z AVE NO			IN THIS SPACE					
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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								with, and accept
		ions of registered agent.						
SIGNATURE_ Signature: typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent argusture required when reinstating)  DATE								
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.					.00 May Be led to Fees			
-	10.	OFFICERS AND D	RECTORS	1				
	TITLE NAME	MASON, PAUL	~	}				
	STREET AUDRESS City-St-Zip	9020 82ND AVE N LARGO, FL		}		<u>, 100000</u> 0	)555 <b>926</b> -8005 <b>2-018</b>	ተምርካ <i>ተ</i> ነው
-	TITLE					n25.125.02 <sub>3</sub>	-80025-018	150,00
	NAME STREET ADDRESS							
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İ	NAME CONTRACT			{				

12. Thereby 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 path, 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:

| Comparison of the corporation or the receiver or trustee empowered 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: | Comparison of the corporation of 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 the corporation of the receiver or trustee empowered.

| SIGNATURE: | Comparison of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated in the information of the corporation of the corpora