2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2006 8:00 am Secretary of State

PUNITA GORDA, FL 33950 US PUNITA GORDA, FL 33950 US PUNITA GORDA, FL 33951-0595 US	DOCUMENT # 770462 1. Entity Name OLD PUNTA GORDA, INC.					4-28-2006 90172 0		.25	
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. O4112006 Chg-NP CR2E037 (11/105)	118 SULLIVAN ST P.O. BOX 510595			51-0595 US		1811			
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Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of S	tatus Desired			
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, fyect or primor name of registered agent and size if applicable. (INOTE: Registered Agent superlure required when rematishing) Purpose of Primor name of registered agent and size if applicable. (INOTE: Registered Agent superlure required when rematishing) Purpose of Primor name of registered agent and size if applicable. (INOTE: Registered Agent superlure required when rematishing) Purpose of Primor name of registered agent and size if applicable. (INOTE: Registered Agent superlure required when rematishing) Purpose of Primor name of registered agent and size if applicable. (INOTE: Registered Agent superlure required when rematishing) Purpose of Primor name of registered agent and size if applicable. (INOTE: Registered Agent superlure required when rematishing) Purpose of Primor name of registered agent and size if applicable. (INOTE: Registered Agent superlure required when rematishing) Purpose of Primor name of registered agent and size if applicable. (INOTE: Registered Agent superlure required superlur	624 TRABUE AVENUE								
SIGNATURE Signature Signa				City		FL	Zip Cod	ө	
Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State	the obligat	tions of registered agent.						and accept	
TITLE NAME : KNOVNLTON BARY B MANE : STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33950 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33950 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33950 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33950 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33983 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33983 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33982 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33982 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33982 Delete TITLE NAME STREET ADDRESS CITY-ST-2P PUNTA GORDA, FL 33950 Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	∯ Due by May 1, 2006								
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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 617, 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 fixe-empowered 941-575-736

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DICKERSON 4/25/2006

Daytime Phone #