

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 9:10

DOCUMENT # A04000000816 1. Entity Name MERGERS AND ACQUISITIONS INTERNATIONAL NETWORK LIMITED PARTNERSHIP					
Principal Place of Business 770 1ST AVE NORTH ST PETERSBURG, FL 33701			Mailing Address 770 1ST AVE NORTH ST PETERSBURG, FL 33701		
2. Principal Place of Business 5113 Central Avenue Suite, Apt. #, etc.		3. Mailing Address 5113 Central Avenue Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR 20-2474291	
Zip 33710		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLOMON, JAY D 770 1ST AVE NORTH ST PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000076679		STREET ADDRESS	5113 Central Avenue	
NAME	SOGODA, INC.		CITY-ST-ZIP	St. Petersburg, FL 33710	
STREET ADDRESS	770 1ST AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Jay D. Solomon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			JAY D SOLOMON		04/18/06 727 322-5111 <small>Date Daytime Phone #</small>

STAPLE CHECK HERE