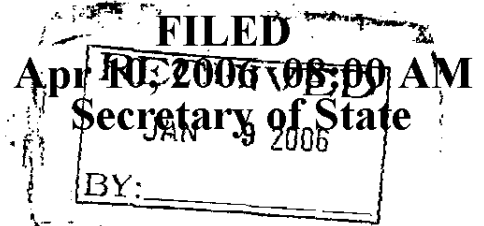


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



1st MOORE CR2E034 (10/05)

4. FEI Number **52-2224844** ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELGM, CAREY L
3316 SOUTH THIRD STREET STE 101
JACKSONVILLE BEACH FL 32250

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

Signature, typed or printed name of registered agent and two if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May 1**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPST	☐ Delete
NAME	CARL, ROBERT D III	
STREET ADDRESS	8300 DUNWOODY PLACE, SUITE 209	
CITY-ST-ZIP	ATLANTA GA 30350-3304	
TITLE	SCOTT, MICHAEL R	☐ Delete
NAME	SCOTT, MICHAEL R	
STREET ADDRESS	8300 DUNWOODY PLACE, SUITE 209	
CITY-ST-ZIP	ATLANTA GA 30350-3304	
TITLE	ASAT	☐ Delete
NAME	LEO, REBECCA H	
STREET ADDRESS	8302 DUNWOODY PL - STE. 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Add
NAME	000000499831	
STREET ADDRESS	04/24/06-80046-012 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rebecca H Leo* Treasurer 4-6-06 (770) 578-902