2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

·}	71111071				SCLIC	iaiy vi Si	aic	
1. Entity Nam	MENT # F02000005					06 90254 012 ***15		
Principal Plac	e of Business	Mailing Address						
•	LOOP SOUTH, SUITE 1825	-	1177 WEST LOOP SOUTH, SUITE 1825		PRINTE MI SENT NEN ESNI SEN	ATRICOPINI ABIST PINIS TONIS TONIS S	IMBU) M IUSI	
2. Principal P	tace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		042	52006 Chg-P	CR2E034 (11/05)		
City & State	e	City & State			I Number 6-0307849	 - - 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. C	ertificate of Status Desired	d S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. N	ime and Address of Nev	v Registered Agent		
CORPORA	ATION SERVICE COMPANY		Name	Name				
	S STREET SSEE. FL 32301-2525		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
17122311710								
			City			FL Zip Cod	9	
	named entity submits this statement fo ions of registered agent.	the purpose of changing its re	egistered office or	registered age	nt, or both, in the State of	Florida. I am familiar with,	and accept	
SIGNATURE_								
	Signature, typed or printed name of registered agent i	and title if applicable. (NOTE:	Registered Agent signature	e required when rei	stating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contril		\$5.00 M. Added to F				
10.	OFFICERS AND	DIRECTORS	11.	ADO	DITIONS/CHANGES TO C	FFICERS AND DIRECTOR	S IN 11	
TITLE	PSTD	☐ Delete	TITLE	PSD		☐X Change	Addition	
NAME	BANKS, SAM L		NAME	Banks	, Sam L.			
STREET ADDRESS CITY-ST-ZIP	,			1177	lest_Loop_Sou	th, Suite 182	!5	
TITLE	THOUSTON, TX TTOET	☐ Delete	TITLE	Treasi	irer	☐ Change	K Addition	
NAME			NAME	Sprung	jer, Kirk F.			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1177 \ Housto	West Loop Sou On, TX_ 77027	th, Suite 182	!5	
TITLE		☐ Defete	TITLE			☐ Change	☐ Addition	
NAME Street Adoress-		= = = =	NAME STREET ADDRESS		-			
CITY-ST-ZIP			CITY-ST-ZIP				,	
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Detete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME Street Address	l .		NAME					
			STREET ANNUESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					

2. 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 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:	Tuk	$\geq $	run	Kirk F.	Sprunger	04/25/06	(713) 968-7000
	SIGNATURE AND TY	PED OR POINT	TED NAME OF SIG	NING OFFICER OR DIRECTOR		Date	Daytime Phone #