2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # F05000005					08-02-2006	•	12 ***150		
•		Mailing Address	•							
2100 9TH STREET		2100 9TH STREET					5002	3889		
STE, 321 Meridian, MS 39301		STE. 321 Meridian, MS 39301								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07202006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Numbe	535695		<u> </u>	plied For t Applicable	
Zip	Country	Zip	Coun	itry	ľ	of Status Desired		\$8.75 Add	itional	
	6. Name and Address of Current	 Registered Agent	<u> </u>	 _	7. Name and	Address of New R			<u> </u>	
<u> </u>				Name	•					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<u></u>		ess (P.O. Box Numbe	ss (P.O. Box Number is Not Acceptable)				
. 2										
				City			FL	Zip Code	e	
	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s register	ed office or reç	gistered agent, or bot	h, in the State of Fl	orida. 1 am	familiar with,	and accept	
	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registere	d Agent signature re	equired when reinstating)		DATE			
	Signature, typed or printed name of registered agent LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Camp Trust Fund Cor	aign Finar	ncing	\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607			
	LE NOW!!! FEE IS \$150.00	9. Election Camp Trust Fund Coa	aign Finar	ncing	\$5.00 May Be Added to Fees		with s. 607 not receive	e the prior r	notice.	
10.	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006 OFFICERS AND	9. Election Camp Trust Fund Coa	aign Finar ntribution.	ncing	\$5.00 May Be Added to Fees	corporation did	with s. 607 not receive	e the prior r	notice.	
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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: Brian Fortenberry
SIGNATURE and TYPEROR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-06

601-483-1011