2006 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT		_					
1. Entity Nam	MENT # F08853			FIL 06 AFR 19					
Principal Plac 3579 S. ACC SUITE L ENGLEWOOD	ESS ROAD	Mailing Address 3579 S. ACCESS ROAD SUITE L ENGLEWOOD, FL 34224 U	s				,		
D	O NOT WRITE	CE	01182006 4. FEI Numbe 59-210		CR2E034 (
3579 S. AG ENGLEWO	6. Name and Address of Current Re- DARRYL A CCESS RD STE L DOD, FL 34224		IN 7	NOT W THIS SF	PACE				
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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	ncing \$5	.00 May Be led to Fees						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE	RECTORS	Ry	U21 DO	00071 1/060101 NOT W	/RITE	5'5 ≆350.00		
CITY-ST-ZIP TITLE NAME			1						

12. 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.

_					_	_
•	IG	R1	Λ٦	ГШ	ю	_
	11.7		-			Г.

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06

Date

941-474-9523

Daytime Phone #