## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2006 8:00 am Secretary of State

1. Entity Nam RODELLA	MENT # F20645					02-15-2006	90041 04	45 ***1 <i>5</i> (	0.00
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Principal Place of Business 1406 ALDEN STREET P.O. BOX 306 DELAND, FL 32721		Mailing Address PO BOX 306 DELAND, FL 32721-1231 US			• • •	· • ,	٠		
DELAND, FL	32121					FERLERIKA BUKA BIRTI BII		L BUBLY BUBLY BUBL	IRD II ITD
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State		4. FEI Number 59-2168				plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	Address of New R	legistered A	gent	
ANTICOUNE TORN D. 400. 1				Name					
MUSSOLINE, JOHN D 100 100 100 100 100 100 100 100 100 1				Street Address (P.O. Box Number is Not Acceptable)					
	$\lambda^{\frac{1}{2}}$								
	50 - 1 · 1		City				FL	Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registere	ed office or registe	red agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.									
· After Ma	ay 1, 2006 Fee will be \$550	.00 Trust Fund Con			ded to Fees				
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10.	OFFICERS ANI	.00 Trust Fund Con	11.	Ädo	ded to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS  Change	S IN 11
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I turther 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:

ALL W. W. T. JOHN
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W Maxwell :

2/10/04

300 100-1

Daytime Phone #