


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F36188			
1. Principal Place of Business 1540 FLORENTINO LANE WINTER PARK FL 32792		Mailing Address 1540 FLORENTINO LANE WINTER PARK FL 32792	
2. Principal Place of Business		3. Mailing Address	
4. Apt. #, etc.		Suite, Apt. #, etc.	
5. State		City & State	
Country		Country	
6. Name and Address of Current Registered Agent JOHNSTON, GLENN R 1540 FLORENTINO LANE WINTER PARK FL 32792		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
8. I, the above named entity, submit 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 agree to, the obligations of registered agent.			
SIGNATURE <i>Glenn Johnston</i>		DATE 1/19/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-listing)	



1st MOORE CR2E034 (10/05)

4. FEI Number	59-2110678	Applied For	Not Applied
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$350.00
Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	JOHNSTON, GLENN R			NAME			
STREET ADDRESS	1540 FLORENTINO LANE			STREET ADDRESS			
CITY-STATE-ZIP	WINTER PARK FL 32792			CITY-STATE-ZIP	01/30/06-80054-013 150.00		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn Johnston*