

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58788

FILED
Feb 25, 2006
Secretary of State

Entity Name: FLAMINGO CORPORATION OF FLORIDA

Current Principal Place of Business:

C/O JANE S. ALSTON
14100 SILVER PALM DRIVE
GOULDS, FL 33170 US

Current Mailing Address:

C/O JANE S. ALSTON
14100 SILVER PALM DRIVE
GOULDS, FL 33170 US

New Principal Place of Business:

C/O JANE S. ALSTON
11553 PAMPLONA BLVD
BOYNTON BEACH, FL 33437 US

New Mailing Address:

C/O JANE S. ALSTON
11553 PAMPLONA BLVD
BOYNTON BEACH, FL 33437 US

FEI Number: 59-2153363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSTON, JANE S
14100 SILVER PALM DRIVE
GOULDS, FL 33170 US

Name and Address of New Registered Agent:

ALSTON, JANE S
11553 PAMPLONA BLVD
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE:

02/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALSTON, JANE,
Address: 14100 SILVER PALM DRIVE
City-St-Zip: GOULDS, FL

Title: VP () Delete
Name: MARCUS D ALSTON III,
Address: 14100 S.W. 232ND ST
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: ALSTON, CATHRINE L
Address: 14100 SW 232 ST.
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALSTON, JANE,
Address: 11553 PAMPLONA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP (X) Change () Addition
Name: MARCUS D ALSTON III,
Address: 11553 PAMPLONA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: SD (X) Change () Addition
Name: ALSTON, CATHRINE L
Address: 11553 PAMPLONA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE S ALSTON

DP

02/25/2006

Electronic Signature of Signing Officer or Director

Date