2006 FOR PROFIT CORPORATION

FILED

1-5-06

Date

813-253-2555

Daytime Phone #

ANNUAL REPORT		Jan 10, 2006 08:00 A
DOCUMENT # F60799 1. Entity Name RICHARD H. WILSON, P.A.		Secretary of State
Principal Place of Business 215 VERNE ST., #A P.O. BOX 709 TAMPA, FL 33601-0709 Medling Address 215 VERNE ST., #A P.O. BOX 709 TAMPA, FL 33601-0709 TAMPA, FL 33601-0709		
DO NOT WRITE IN THIS :	SPACE	01052006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S9-2148227 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILSON, RICHARD H. 215 VERNE ST., #A TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE
8. The above named of the submits this statement for the purpose of changing the obligations of registered agent. SIGNATURE SIGNATURE (N	its registered office or register	1-5-06
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Camp Trust Fund Co		.00 May Be led to Fees
TITLE PHAME WILSON, RICHARD H STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000381177 01/11/06-80043-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify indicated on this report or supplyimental report is true and accurate and that of the corporation or the representative formation or the representative format	/ for the exemptions contained at my signature shall have the ort as required by Chapter 607 ed.	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Richard H. Wilson

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: