## , 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AN Secretary of State

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POST OFFICE BOX 11-48 COLUMBUS, OH 43216-1148 US  DO NOT WRITE IN THIS SPACE    A FEI Number   A	1. Entity Nam	e	93			Secre	etary of	State	
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DO NOT WRITE IN THIS SPACE  4. FEI Number 31-4374436 No Chg-P CR2E034 (11/05)  4. FEI Number 31-4374436 No Chg-P CR2E034 (11/05)  5. Name and Address of Current Registered Agent  JOSEPH SKII. KEN MANAGEMENT CO. BOCAS SOL REINTAL OFFICE 200 NE 2011 ST. BOCA RATON, FL 33432  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  SUBJECT AGENS SOLON  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  SIGNATURE  SKILKEN, LYNNE  SKILKEN, LYNNE  SKILKEN, LYNNE  SKILKEN, LYNNE  SKILKEN, STEVE  SKILKEN						\$			
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Applicable For 31-4374436  4. FEI Number 31-4374436  5. Certificate of Status Desired									
8. Next Applicable 6. Name and Address of Current Registered Agent  JOSEPH SKILKEN MANAGEMENT CO. BOCA SOL RENTAL OFFICE 200 NE 20TH ST. BOCA RATON, FL 33432  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Lam familier with, and accept the obligation of registered agent.  SIGNATURE  SIGNA	-	A NAT WAITE	^F	04202006 No Chg-P CR2E034 (11/05)					
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12. Thereby 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 tuistee 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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/20/06 614-221-454