## 2006 FOR PROFIT CORPORATION

## **FILED** Mar 13, 2006 08:00 AM **Secretary of State**

ANNUAL REPORT		
DOCUMENT # F9 1. Entity Name 114'S OF SUNCOAST, IN		
Principal Place of Business 910 RIDGEBROOK ROAD SPARKS GLENCOE, MD 21152	Mailing Address 910 RIDGEBROOK ROAD SPARKS GLENCOE, MD 21152	7
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01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2119984 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301 IN THIS SPACE 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, typed or yrinted name of registered agent and title if epolicible. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE PSTD GRUNSTIEN, HARRY NAKIE STREET ADDRESS 920 RIDGEBROOK RD. CITY-ST-ZIP **SPARKS, MD 21152** TITLE NAME 300000464192 STREET ADDRESS 03/21/06/00105-018 150.00 CITY ST-ZIP TALE MAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 trusted 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 adviess, with all office the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS

SIGNING OFFICER OR DIRECTOR