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Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90106 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000004599

1. Entity Name
HAVEN CITY LIMITED, INC.

Principal Place of Business	Mailing Address
~~1850 RINGLING BOULEVARD~~ ~~SARASOTA, FL 34236~~	~~1850 RINGLING BOULEVARD~~ ~~SARASOTA, FL 34236~~

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1990 Main Street	1990 Main Street
Suite, Apt. #, etc. Suite 801	Suite, Apt. #, etc. Suite 801
City & State Sarasota FL	City & State Sarasota FL
Zip 34236 Country	Zip 34236 Country

4. FEI Number
52-2189749
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLENDINNING, RENEA M ~~1850 RINGLING BOULEVARD~~ ~~SARASOTA, FL 34236~~	Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite 801 City Sarasota FL Zip Code 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCT WALPOLE, DAVID K ~~1850 RINGLING BOULEVARD~~ ~~SARASOTA, FL 34236~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1990 Main Street, Suite 801 Sarasota, FL 34236
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALPOLE, MARK ~~1850 RINGLING BOULEVARD~~ ~~SARASOTA, FL 34236~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1990 Main Street, Suite 801 Sarasota, FL 34236
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALPOLE, DEBBIE ~~1850 RINGLING BOULEVARD~~ ~~SARASOTA, FL 34236~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1990 Main Street, Suite 801 Sarasota, FL 34236
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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 trustee 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.

SIGNATURE: M. WALPOLE 1/16/06 727-230-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #