
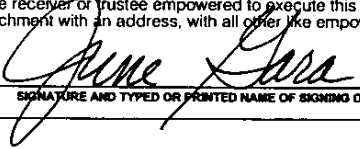


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90041 043 \*\*\*150.00

<b>DOCUMENT # G21452</b> 1. Entity Name <b>JUNE STEHLE GARA, INCORPORATED</b>																															
Principal Place of Business <b>1200 S FLAGLER DRIVE, APT #401 WEST PALM BEACH, FL 33401</b>		Mailing Address <b>1200 S FLAGLER DRIVE, APT #401 WEST PALM BEACH, FL 33401</b>																													
2. Principal Place of Business <b>955 BEAR ISLAND CIRCLE WEST PALM BEACH FL, 33409</b>		3. Mailing Address <b>955 BEAR ISLAND CIRCLE WEST PALM BEACH FL, 33409</b>																													
Suite, Apt. #, etc. <b>WEST PALM BEACH</b>		Suite, Apt. #, etc. <b>WEST PALM BEACH</b>																													
City & State <b>FL, 33409</b>		City & State <b>FL, 33409</b>																													
Zip <b>33409</b>		Zip <b>33409</b>																													
Country 		Country 																													
4. FEI Number <b>59-2360719</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent <b>GARA, JUNE STEHLE 1200 S FLAGLER DRIVE, APT #401 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>955 BEAR ISLAND CIRCLE WEST PALM BEACH FL, 33409</b>																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PD NAME GARA, JUNE STEHLE STREET ADDRESS 1200 SOUTH FLAGLER DR, #401 CITY-ST-ZIP WEST PALM BEACH, FL 33401         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE PD NAME GARA, JUNE STEHLE STREET ADDRESS 1200 SOUTH FLAGLER DR, #401 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PD NAME JUNE GARA STREET ADDRESS 955 BEAR ISLAND CIRCLE CITY-ST-ZIP WEST PALM BEACH, FL, 33409         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE PD NAME JUNE GARA STREET ADDRESS 955 BEAR ISLAND CIRCLE CITY-ST-ZIP WEST PALM BEACH, FL, 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: 		Date: <b>Jan 27, 2006</b> Daytime Phone #: <b>561-471-3007</b>																													