2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 31, 2006 08:00 A DOCUMENT # G36846 **Secretary of State** JOE T. MARTIN, P.A. Mailing Address Principal Place of Business . PO BOX 949 416 S. FIRST ST. LAKE WALES, FL 33853-4146 US LAKE WALES, FL 33859-0949 US No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2301418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MARTIN, JOE T. DO NOT WRITE 416 SOUTH FIRST ST. LAKE WALES, FL 33853-4146 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 printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE MARTIN, JOE T. NAME STREET ADDRESS P.O. BOX 949, 416 S. 1ST N/A LAKE WALES, FL CITY-ST-ZIP U00000408470 A2/08/06-80060-013 150.00 TITLE NAME STREET ADDRESS City-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby 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 of 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 address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP THIF NAME STREET ADDRESS CITY-ST-7IP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR