## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 20, 2006 08:00 AM Secretary of State

ANNUAL REPURI						Secretary of State				
1. Entity Nam	MENT #H11459 ards, inc.				Seci	ctai y	oi si	aic		
Principal Place of Business 4B6B STATE ROAD 674 SUN CITY CENTER, FL 33573		Mailing Address 4868 STATE ROAD 674 SUN CITY CENTER, FL 33573		· · · · · · · · · · · · · · · · · · ·						
					 	K HOUR KEH UKEN DIKE	SBAR OSSESS BINNES BAND	I ESTA ELIS TIEI		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242006	Chg-P	CR2E00	34 (11/05)		
City & State		City & State				4. FEI Number Applied F 59-2441217 Not Applied F		piled For t Applicable		
Zip	Country	Zip	Count	Pry		of Status Desired		\$8.75 Add	itional	
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	gent		
NYMARK, DENNIS V.				Name						
	BBLE BEACH BLVD CENTER, FL 33573			Street Address (P.O. Box Number is Not Acceptable)						
			}		·		· <del></del>			
				City			FL	Zip Code	-	
6. 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 title if epiglicable (NOTE: Augistered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Fivet Fund Contribution.					5.00 May Be dded to Fees					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO D	FFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME	PD KING, ILA MAE	☐ Dalote	TITLE	•				Change	Addition	
STREET ADDRESS	4868 STATE ROAD 674	= :	•	ET ADDRESS						
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY	-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVEN, LEIGH ANN 4868 STATE ROAD 674 SUN CITY CENTER, FL 33573	☐ Defeta				UQUOL 03/ <b>01/0</b> 6	)0439092 5-80033-	!□ Change -001 15	□ Addition ○. DD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				☐ Change	Addition	
TITLE NAME STRIET ADDRESS CITY-ST-ZIP		☐ Delete	•	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP	pertify that the Information supplied with	☐ Delete	CHY	E ET ADORESS -ST-DP		0.51.11.0		Change	Addition	

12. I hereby certify that the Information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the Information dicated 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 of direction of the corporation of the receiver or inflices empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Brock changed, or on an attachment with an address, with all other fike empowered.

SIGNATURE:

× JLX

TLA MAE KI

2-17.06

Daytime Phone I