## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 17, 2006 08:00 AN DOCUMENT # H22059 **Secretary of State** SANDY ALAN LEVITT, P.A. Principal Place of Business Mailing Address % SANDY ALAN LEVITT % SANDY ALAN LEVITT 2201 RINGLING BLVD. #203 2201 RINGLING BLVD. #203 SARASOTA, FL 34237 SARASOTA FL 34237 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2445787 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent grandiga na carabaki bilangiy 1911 dana dalahiri LEVITT, SANDY ALAN DO NOT WRITE 2201 RINGLING BLVD. #203 SARASOTA, FL 34237 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, (NOTE: Registered Agent signature required when remainting) 1100000514237 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 04/23/06-80165-002 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LEVITT, SANDY ALAN STREET ADDRESS 2201 RINGLING BLVD. #203 CITY-SI-ZIP SARASOTA, FL TITLE NAME STREET ADDRESS March Street & Santa Commence of the Santa S CITY-ST-ZIP TITLE DO NOT WRITE MARIE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP

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 peport 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

SIGNATURE:

MLE

NAME

STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

941-955-9993