2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					FILED			
DOCUMENT # H23254				Apr 20, 2006 08:				
1. Entity Nar	TO CORPORATION					Sec	retary of S	
							retary or s	
Principal Plac	ce of Business	Mailing Address						
201 E. OCEAN AVENUE 201 E. OCEAN AVENUE			,					
SUITE 7 SUITE 7 LANTANA, FL 33462 LANTANA, FL 33462								
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	6. Name and Address of Current Reg	stered Agent				Fee F	tequired	
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521 LAKE AVENUE					NOT W	A was server which a server	And the Control of the	
SUITE 3 LAKE WORTH, FL 33460				IN	THIS SP	ACE		
.						A service of the service of		
3. The above	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or registere	ed agent, or b		rida. I am familia		
_	nors of registered agent.		,		£			
SIGNATURE.	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE, Registere	d Agent signature required	when reinstating)	<u> </u>	DATE	* * * * * * * * * * * * * * * * * * * *	
1511	E NOW!!! FEE IS \$150.00	9. Election Campaign Finar	ncing \$5.	00 May Be				
	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		d to Fees				
10.	OFFICERS AND DIRE	CTORS	Ţ		وأخوفو مرادي يددر الما	and the second	943. Th. St., 40.84	
TITLE NAME	PTSD JUDEN, LEO		***		A TOWNS OF STREET		g of the growth	
STREET ADDRESS City-St-Zip	201 E. OCEAN BLVD #7				inananr-	21541		
IIILE	LANTANA, FL 33462		e gazatan di	Committee of the contract of t	05/02/05-8	0141-004	150.00	
NAME				` <u> </u>				
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NAME STREET ADDRESS						ا أحد طويس سيديان العصديات العالم		
CITY-ST-ZIP				- 1804 . arca - 180. 85 .	A CONTRACTOR OF THE CONTRACTOR		在 1 學 表 1 第	
12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the exe and accurate and that my signat	emptions contained ture shall have the s	in Chapter 11 ame legal effe	9, Florida Statutes, I t ct as if made under o	further certify tha ath; that I am an	t the information officer or director	
changed,	on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an eadress, with a	to to execute this report as required.	red by Unapter 607,	riorida Statut	es; and that my name	appears in Bloc	(10 or Block 11 if	
SIGNAT	TURE: My feed (L	EO JUDEN)		fpril /	7.06 -	561-762	7-0061	
		D NAME OF SIGNING OFFICER OR DIRECT	ON		Date	Daytime P	ione #	