## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H25789

e: STEVEN W. POIRIER, INC.

526 PONCE DE LEON BLVD.

BELLEAIR, FL 33756 US

Address: City-St-Zip: FILED Jan 09, 2006 Secretary of State

Entity Na	me: SIEVEN	N W. POIRIER, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
P.O. BOX OLDSMAF	1050 R, FL 34677				
Current Mailing Address:			New Mailing Address:		
P.O. BOX OLDSMAF	1050 R, FL 34677				
FEI Number	: 59-2473867	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
BELLEAIR The above	CE DE LEON I R, FL 33756	US	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	POIRIER, ST	E LEON BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	POIRIER, BEI	E LEON BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TSD ( POIRER, HAV	) Delete EN LEE,	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEVEN W. POIRIER PRES 01/09/2006