FILED Aug 18, 2006 8:00 am Secretary of State

2006 FC	ANNUAL	RÉPORT	AIIUN
		·	

Zip Country	CUMENT # H33383 LIVE Name L CORPORATION	08-18-2006 90077 03	32 ***550.00		
ADDI MIDDLE THAN CIRC, APT 129 ADDISSIDATE OF PICKERS AND DIRECTORS IN 1. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS I	pat Place of Business				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O7102006 Chg-P CR2E034 (11/05)	MIDDLETON PARK CIR E. APT 129	ak E, APT 129			
City & State Country Country Country Country Country City & State City & State of Status Desired \$8.75 Additional Fee Required Name LINDSAY; ELIZABETH M. Address of Current Registered Agent Name City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 a the obligations of registered agent. Signature investment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. Signature, hipped or purear agent at registered agent and two A spektable (NOTE: Reg state Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 a the obligations of registered agent. Signature, hipped or purear agent and two A spektable (NOTE: Reg state Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered a	ncipal Place of Business				
Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additiona		07102006 Chg-P CR2E034 (11/05)		
6. Name and Agdress of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDSAY, ELIZABETH M. 4600 MIDDLETON PARK CIR E, APT 129 JACKSONVILLE, FL 32224 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature, lyped or periled denie of registered upon and two 4 applicable NOTE: Registered Agent signature required when trenstating) Date FILE NOW!!! FEE/IS \$550.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITILE PD Delete LINDSAY, ELIZABETH M. SIRET ADDRESS 4600 MIDDLETON PARK CIR E, APT 129 CITY-SI-ZIP JACKSONVILLE, FL 32224 ITILE V Delete ITILE NAME JENKINS, BARBARA			Applied For Not Applicable		
LINDSAY; ELIZABETH M. 4600 MIDDLETON PARK CIR E, APT 129 JACKSONVILLE, FL 32224 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 a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE#\$ \$550.00 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution.	Country	5. Certificate of Status Desired 1.1 ***			
LINDSAY; ELIZABETH M. 4600 MIDDLETON PARK CIRE, APT 129 JACKSONVILLE, FL 32224 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 a the obligations of registered agent. SIGNATURE Signature, typed or purpod spine of registered agent and the displacable (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE #\$ \$550.00 Due by September 6, 2006 9. Election Campaign Financing S5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PD Delete TITLE NAME LINDSAY, ELIZABETH M. 4600 MIDDLETON PARK CIR E, APT 129 JACKSONVILLE, FL 32224 Delete TITLE NAME JENKINS, BARBARA	6. Name and Address of Current				
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 a the obligations of registered agent. SIGNATURE Signature, typed or puried type of registered upon and blood applicable FILE NOW!!! FEEA\$ \$550.00 9. Election Campaign Financing) MIDDLETON PARK CJR E, APT 12				
the obligations of registered agent. SIGNATURE Signature, typood or printed spine of registered agent and two if applicable (NOTE: Registered Agent signature required when reinstating) Pub by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE PD Delete NAME LINDSAY, ELIZABETH M. SIRELT ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32224 INLL V Delete ITTLE NAME LINDS AY, BARBARA Delete ITTLE NAME NAME NAME NAME LINDS AY, BARBARA Delete ITTLE NAME NAME NAME NAME NAME NAME NAME NAM		City	Zip Code		
Signature, typed or printed state passaved agent and ble if applicable (KOTE: Registered Agent signature required when reinstating) DATE	obligations of registered agent	istered office or registered agent, or both, in the State of Florida. I am fami	liar with, and accept		
FILE NOW!!! FEE \$\$50.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: HILE PD Delete TIFLE NAME LINDSAY, ELIZABETH M. STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 32224 ITILE V Delete TIFLE Change Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: Change Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: Change Added to Fees Change Added to Fees	ATURE Signature, typed or printed same of registured agent.	g-sterod Agent signature required when reinstating) DATE			
TITLE	FILE NOW!!! FEE#S \$550.00				
NAME LINDSAY, ELIZABETH M. SIREEI ADDRESS CITY-S1-ZIP TITLE V NAME Delete NAME JENKINS, BARBARA NAME NAME NAME NAME NAME NAME NAME NAME			ECTORS IN 11		
MAME JENKINS, BARBARA NAME	LINDSAY, ELIZABETH M. 4600 MIDDLETON PARK CIR E.	NAME STREET ADDRESS	Change [] Addition		
CITY-ST-ZIP NEPTUNE BEACH, FL CITY-ST-ZIP	JENKINS, BARBARA ADDRESS 1428 INDIAN WOOD DR	NAME '	Change		
TILE VP NAME WARREN, JUDITH SIRLET ADDRESS 2575 PEACHTREE ROAD #20B CITY-ST-ZIP ATLANTA, GA 30305 Delete TILE NAME WARREN, JUDITH SIRET ADDRESS 23 PROMONTERY CT CITY-ST-ZIP HILLTON HEAD, 5C 24925	WARREN, JUDITH 2575 PEACHTREE ROAD #20B	HILE NAME SIRELIADDRESS CITY-ST-ZIP WARREN, TUDITH RE RECTOR HEAD, 50 24	Change Addition		
		NAME STREET ADDRESS	Change Addition		
ITILE Delete THE Change A NAME NAME STREET ADDRESS, STREET ADDRESS, CITY-ST-ZIP CITY-ST-ZIP <td>1</td> <td>NAME STREET ADDRESS,</td> <td>Change</td>	1	NAME STREET ADDRESS,	Change		
ITILE Delete ITILE Change A NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP		NAME	Change Addition		