## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2006 08:00 AM Secretary of State

ANNUAL REPORT					Socretory of State			
1. Entity Nam		133723 CTION COMP	NY		Secretary of State			
39 PALMETT	e of Business FO DR FILLE, FL 32327	US	Meiling Address P. O. BOX 10188 TALLAHASSEE, FL 32302	us	8 NETTON 848	1 (1 <b>188</b> 1188 1 <b>28</b> 1)	- 18/18/5 18/18/6 18/18/8 18/18/1 18/18/6 18/18/5 18/18/5 18/18/5	
C	OO NOT	WRITE	IN THIS SP	ACE	02012006 4. FEI Numbe 59-2476	No Chg-P	CR2E034 (11/05)  Applied For Not Applicab  \$8.75 Additional Fee Required	
	6. Name and A	ddress of Current R	egistered Agent					
KANE, JOSEPH M. 39 PALMETTO DR CRAWFORDVILLE, FL 32327					DO NOT WRITE IN THIS SPACE			
	tions of registered a			istered office or registe pistered Agent signature require		n, in the State of Flo	orida. I am familiar with, and accept	
After M	E NOWIII FEE ay 1, 2006 Fee	will be \$550.0			i.00 May Be ded to Fees			
III.	OP	OFFICERS AND D	IRECTORS					
name Street address City-St-119	KANE, JOSEPH 39 PALMETTO CRAWFORDVII	DR				U00000	0491094 -80009-008 150.00	
Title Name Street address C)TY-ST-2IP						04/19/06-	-80003-888 150.00	
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CRY-ST-ZIP					-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 attentional twith an address, with all other like ampowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-SI-ZIP