2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM CUMENT # J00393 Secretary of State ŀ EBT R. MAUGER, O.D., P.A. P al Place of Business Mailing Address 120 PINE NEEDLE LN. ALTAMONTE SPRINGS FL 32714 US MONTE SPRINGS FL 32714 Coat Place of Business 2 3. Mailing Address e, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) A State City & State 4. FEI Number Applied For 59-2634767 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAUGER, ROBERT R. 120 PINE NEEDLE LANE Street Address (P.O. Box Number is Not Acceptable) ELTAMONTE SPRINGS FL 32714 Zip Code 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 accessoring all and familiar with, and accessoring all and registered agent. 8 s Signature, typed or printed harne of registered agent and tido if applicable (NOTE: Registered Agent signature required when revisitating) DATE THE NOW!!! FEE IS \$150.00 Ner May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May 2 Trust Fund Contribution. Added to Fees Check Payable to Florida Department of State . () 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TIT) F ☐ Change ☐ Add*** ħ DPS MAUGER, ROBERT R. NAME Ŋ. U00000396888 Sī 120 PINE NEEDLE LANE STREET ADDRESS 01/30/06-80027-014 150.00 C ALTAMONTE SPRINGS FL CITY-ST-ZIP Т Defete ☐ Change Addition N MAME S1 STREET ADDRESS Ci CITY-ST-ZIP TU Detete Change Artems. W NAME SI STREET ADDRESS Ci CITY-ST-ZIP ☐ Detete ☐ Change T ALC: 78 THIF Ŋį NAME Sī STREET ADDRESS CI CITY-ST-ZIP \mathbf{m} Delete Change □ A: "" 112 RIGRAF **S7** STREET ADDRESS Ci CITY-ST-ZIP TS Delete MILE ☐ Change ☐ A6^m Ħ Sī STREET ADDRESS Ct CITY-ST-ZIP

reby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the Information related on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director 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 regions.

Robert Mauger

1-19-06

407-774-9080

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