2006 EOD DOOELT CODDODATION

; ,	ANNUAL R	EPORT (AR))	ON					
1. Entity Nam	MENT # J33628) c	FIL. P 06 NOV 27			
Principal Place of Business % RAYMOND A. ALLEY JR. 803 W. AZELE STREET TAMPA FL 33606 708 E. Jackson Street Tampa, FL 33602 2. Principal Place of Business		Mailing Address % RAYMOND A. ALLEY JR. 805 W. AZEELE STREET TAMPA FL 93606 708 E. Jackson Street Tampa, FL 33602 3. Mailing Address		2		LIAHASSEF	UF STATE		
Suite, Apt. #, etc.		Suite. Apt. #, etc.				d MOORE	CR2E034	(4/06)	
City & State		City & State			4. FEI Numbe	^{er} 59-273273	32		oplied For
Zip	Country	Zip			5. Certificate	of Status Desired		8.75 Add e Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Age	ent	
ΔΙΙ				Name					!
80 5	LEY, RAYMOND A. JR. 5 WEST AZEELE MPA FL 33606 -			Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
708 E. Jackson Street									
Tampa, Florida 33602				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. If am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalura required when reinstating) DATE									
FILE NOW.!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.								, ,	
10.	OFFICERS AND		11.			/CHANGES TO OFF	FICERS AND DI	RECTORS	IN 11
TITLE	DP	☐ Delete	TITLE			0		Change	Addition
NAME	ALLEY, RAYMOND A. JR.			Į.	400081657024				
STREET ADDRESS =	TAMPA FL 33602			ET ADDRESS - ST-71P	11/09/0601029021 ** \$58.75				
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME	Ē	400081657024 08688				_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP	11/29/0601026003 **200.00				
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STREET ADDRESS CITY-ST-ZIP				et address · St - Zip					
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NAME			NAME				_] (1144.95	L. J / NGO-GOT
STREET ADDRESS			STREE	et address					
CITY-ST-ZIP			CITY	ST-ZIP		= ,			
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THILE		☐ Delete	TITLE					1 Change	(T) Addition
NAME		□ Detete	NAME				L] Change	Addition
STREET ADDRESS				ET ADDRESS				20	11/28
CITY-ST-ZIP				ST-ZIP				1	/
indicated (ertify that the information supplied with to on this report or supplemental report is treporation or the receiver or trustee empowers.	rue and accurate and that my :	signature	shall have the same	legal effect as if	made under oath; t	that I am an offic	cer or direc	ctor

of the corporation or the receiver or trustee empowered to exticute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond A. Alley, Jr. 11-6-06 813/251-8778

SIGNATURE:

Date

Date

Date

Daytime Phone if