2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J69483

Entity Name: TWO O SIX, INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LD LEVY TH STREET RAL, FL 33904				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	LD LEVY TH STREET RAL, FL 33904				
FEI Number:	59-2794347	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
STANLEY, BRUCE M SR. 1715 MONROE STREET FT. MYERS, FL 33901 US					
The above in the State		ubmits this statement for the pur	pose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () [KOLLMANN, KEV 11770 ROSEMO FT. MYERS, FL	UNT DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I STANLEY, BRUC 2506 MCGREGO FT. MYERS, FL	R BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () I LEVY, GERALD C/O 1426 SE 44 CAPE CORAL, F		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () [MANSSON, LARS 1504 S.W. 56TH CAPE CORAL, F	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I TOPPEL, MIKE 3621 BAY CRK I BONITA SPRING		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LINNENBACK, FI 1751 S.E. 40TH CAPE CORAL, F	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: GERALD LEVY TREA 02/06/2009