## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT # K03888** 02-20-2006 90032 025 \*\*\*150.00 FLORIDA PRINTING OFFICE, INC. Principal Place of Business Mailing Address 1599SW 30TH AVE 1599SW 30TH AVE **BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02162006 Chg-P City & State City & State 4. FEI Number Applied For 65-0028419 Not Applicable Zip 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 JOHN PORTER ACCOUNTING Street Address (P.O. Box Number is Not Acceptable) 400 N. Feder 2 Nwy 1403 W. BOYNTON BEACH BLVD. New Address -BOYNTON BEACH, FL 33426 404 City Boynton Zip Code 33435 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition Change STROM, GENEVA NAME NAME STREET ADDRESS 1326 LAKE ERIE DR STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 CITY-ST-ZiP TITLE Delete ☐ Change TITLE Addition STROM, GENEVA NAME NAME STREET ADDRESS 1326 LAKE ERIE DR. STREET ADDRESS CITY-ST-7IP LAKE WORTH, FL 33461 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Addition ☐ Detate TITLE ☐ Change STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

**FILED** 

Feb 20, 2006 8:00 am