2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL KEPUKI (AK)				Apr 10 2006	Apr 10, 2006 08:00 AM	
DOCU	MENT # K24129			Secretary of State		
TANG, IN	NC.					
Principal Place of Business Mailing Address						
445 NORTH RIDGEWOOD DRIVE SEBRING FL 33870 US		445 NORTH RIDGEWOOD DRIVE SEBRING FL 33870 US				
Principal Place of Business 3. Mailir		3. Mailing Address		155/16/15 25/25/25/25/25/25/25/25/25/25/25/25/25/2	and and a second of the second of the second	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2ED	34 (10/05)	
City & State		City & State		4. FEI Number 59-2915148	Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	t Registered Agent	Nome	7. Name and Address of New Registers	d Agent	
TANG-GILROY, MAE LEE 1327 CHLOE TERRACE			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
SEE	BRING FL 33870					
	•		City	F	Zip Code	
8. The above the obliga	e named entity submits this statement to thous of registered agent.	or the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida. I a	m familiar with, and accept	
SIGNATURE	Signature, lyand or pretted name of registered agen	and title it applicable (NO	TE Regulared Agent signature re-	rquired when reinitiating) DAT	<u> </u>	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k.Payable to Florida Department of	0 of State		Election Campaign Fina Trust Fund Contribution		
10.	OFFICERS AND	Change of the cold	tt.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
DATE	PSV	☐ Detete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	}		NAME STREET ADDRESS	U00000499562 04/24/06-30033-	'Asa 1 5a n a	
CITY-ST-ZIP	SEBRING FL		C(3Y-ST-ZIP	0 1/ E 1/ 0D 00803		
SITLE NAME	V GILROY, PHILIP J.	☐ Detele	TITLE NAME	1	Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CRTY-ST-ZIP	• •		
THTLE		☐ Detete	UTLE	,	☐ Change ☐ Addition	
NAME CONTEST ADDRESS	{		NAME	· •		
STREET ADDRESS C)TY-ST-ZIP		·	STREET ADDRESS CITY-ST-ZIP	1		
TITLE NAME		☐ Delete	TILE		☐ Change ☐ Acidition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS GITY-ST-ZIP	1		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME	•		
STREET ADDRESS CHY-SI-ZIP			STREET ADDRESS CATY-ST-ZAP			
TIFLE		☐ Delete	TITLE	:	☐ Change ☐ Addition	
NAME			NAME	·	- · -	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	•		
	certify that the information supplied will	th this filling does not qualify.	CITY-ST-ZIP	sined in Section 110 Decide Chat the 15 other	wartifu that the information	
indicated of the cor if change	on this report or supplemental report in poration or the receiver or trustee emit d, or on an attachment with an address	is true and accurate and that powered to execute this reposes, with all other the empower	my signature shall have and as required by Chapte red.	ained in Section 119, Florida Statutes. I further of the same legal effect as if made under path; that er 607, Florida Statutes; and that my name appear	I am an officer or director irs in Block 10 or Block 11	
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