2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: KEUIN FITZGARYD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 11, 2006 08:00 AM Secretary of State

239

597-6441

1-9-06

1, Entity Nam	MENT # K56899	. ···			Secre	ctary or	State
1320 RAILHEAD BLVD		Mailing Address 1320 RAILHEAD BLVD 1 NAPLES, FL 34110 US					
ľ	O NOT WRITE		CE	01062006 4. FEI Numb 65-008 5. Certificate	No Chg-P	CR2E034 (1	aldki alattaat ii taas
	6. Name and Address of Current Re NLD, KEVIN HEAD BLVD FL 34110	DO NOT WRITE IN THIS SPACE					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when revisitating) DATE							
After M	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00			.00 May Be led to Fees		······································	
10. UTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI DIP FITZGERALD, KEVIN 1320 RAILHEAD BLVD # 1 NAPLES, FL 34110	RECIONS		m n seminan a	nanc y appropriate to the	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP FITZGERALD, GINA 1320 RAILHEAD BLVD #1 NAPLES, FL 34110				01/11/060	382148 80084-014	1 150.00
TITLE NAME STREET ADDRESS ETTY-ST-ZIP					NOT W		
DILE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	W 111 W 1		THIS SF	ACE	
DILE NAME STREET ADDRESS CITY-ST-ZIP		·	ang was to	ф <u> хай</u>	eth intelliging the		
THLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		<u>an a seguino de la compansión de la compa</u>			s en a su su year de la su
12. Chereby of indicated of the corrections	certify that the information supplied with the on this report or supplemental report is transition or the receiver or trustee empower or on an attachment with an address, will	ms filing does not qualify for the ex- ue and accurate and that my signs ered to execute this report as requ h all other like empowered.	emptions contained ature shall have the lired by Chapter 601	d in Chapter 11: same legal effe 7, Florida Statute	 Florida Statutes. I ct as if made under o es; and that my name 	further certify that and an and appears in Bloc	at the information officer or director & 10 or Block 11 if