## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 16, 2006 8:00 am Secretary of State

UNIQUELY FLORIDA, INC.  Principal Place of Business 147 N INDUSTRIAL DR CORNACE CITY FL 32783  COMMANGE CITY FL 32783  COMMANG	DOCUMENT # K69644  1. Entity Name					02-16-2006 90044 030 ***150.00				
DATA INDUSTRIAL DR US  2. Principal Prince of Business Suite, April # BC.  2. Principal Prince of Business Suite, April # BC.  3. Maning Approach II.  5. South April # BC.  5.	UNIQUELY FLO	PRIDA, INC.		1/4						
Suite, Apf. et al.  Suite,	147 N INDUSTRIAL DR 147 N INDUSTRIAL DR ORANGE CITY FL 32763 US US									
Control   Cont	Suite, Apt. #, etc.	Business / Survey Gove	1420 N	. Vala	us in Go	_	ORE	CR2E034	• • • • • • • • • • • • • • • • • • • •	11m31 ss 400/
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SITER ADDRESS  SITH, PETER F. 380 S. INDRUSTRIAL DRIVE ORANGE CITY FL 32763  8. The above nampo-entry submittable statement to Medical Company of the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered from the obligation of registered from the obligati		City, FC		Ag	FC	4. FEI Number 5	9-293109	3	<b>—</b>	·
SMITH, PETER F. 380 S. INDRUSTRIAL DRIVE ORANGE CITY FL 32763  City FL	3276	3 Sountry SA	32763	Country	SA	5. Certificate of Sta	atus Desired			
SMITH, PETER F. 380 S. INDRUSTRIAL DRIVE ORANGE CITY FL 32763  8. The above named affility submits asstement four-tile autoba of changing his registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am	6. N	ame and Address of Current I	Registered Agent		NI .	7. Name and Add	ess of New F	Registered A	gent	
City FL Zip Code  8. The above name entity submits and statement to and pure control with the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapators of the	SMITH, PI	ETER F:				(D.O. Day Muselman in A	I-4 A 1-1-1-1	-\		
8. The above names with submits in a statement light our proof of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signal line	380 S. INI ORANGE	DRUSTRIAL DRIVE CITY FL 32763			Street Address	(P.O. Box Number is i		e) 		
8. The above named with submitted as statement for the process of changing 45 registered office or registered agent, or both, in the State of Florida, 1 am familiar with, and accept the obligations of registered agent agen		f. 			City	•••		E1	Zip Cod	e
SIGNA (RE Squature reported agent ag	8 The above comed	Thu submits the statement for	the purpose of chancing of	ragistarad	office or registe	orad appart or both in	ba Stata of El			204 20000
Speaker Novill' FEE IS, \$150.00   After May 1, 2006 Fee Will Be \$550.00   May Be Added to Fees Make Check Payable to Florida Department of State		egistered agent.	me du pose di changing ils	registered	onice or registe	ered agent, or both, in	ne state of Fi	onoa. Lam i	amiitar with,	and accept
STILE NOW!!! FEE IS \$150.00	SIGNATURE	typed depreting name of registered agent a	nd little if apolicable (NOTE	- A	SM /	6 Vac-	<u> </u>	2/ DATE	<u> 3/e</u>	6
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TOTAL  T	After May 1,	2006 Fee Will Be \$550.00	State					-		
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS C	7	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHA	VGES TO OF	ICERS AND	DIRECTOR	S IN 11
STREET ADDRESS   659 FORT FLORIDA PT RD   DEBARY FL 32713   DEBARY FL 32713   TITLE   Change   Addition	1 1 1		☐ Delete						Change	Addition
CITY-ST-ZIP   DEBARY FL 32713	1	•		R .	Annarce Panna					
TITLE	1 .1									
NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   TITLE   Delete   TITLE   DELET   DELETE   DELTE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELTE   DELETE			Delete	TITLE					Change	☐ Addition
CITY-ST-ZIP	1		25 00000						onengo	
NAME	l í				<b>I</b>					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS				<b></b> -	- ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS					~ <del>~~</del>	<u> </u>	-		Change	Addition.
CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET	1				ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP			i i						
STREET ADDRESS CITY-ST-ZIP  TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	!									
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	1									
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-S1-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS	TITLE				- ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE INAME STREET ADDRESS			☐ Delete	_	- ZIP				Change	☐ Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	NAME	· Mart	☐ Delete	TITLE	- Zib				Change	Addition Addition
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS	-	☐ Delete	TITLE NAME STREET A	ADDRESS		••		Change	☐ Addition
STREET ADDRESS STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET A CITY-ST-	ADDRESS		., .			
	STREET ADDRESS CITY-S1-ZIP TITLE			TITLE NAME STREET A CITY-ST-	ADDRESS			-		
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS - ZIP		••	-		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 his 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.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date

Daytime Phone #