


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # K74353</b> 1. Entity Name WALTON H. CHANCEY & ASSOCIATES, ARCHITECT, P.A.	
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Principal Place of Business 1860 REPUBLICA DE CUBA TAMPA, FL 33605 US	Mailing Address 1860 REPUBLICA DE CUBA TAMPA, FL 33605 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2937745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CHANCEY, WALTON H. 1860 REPUBLICA DE CUBA TAMPA, FL 33605
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANCEY, WALTON H. 1860 REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUZUM, LARRY 1902 REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, GREG 1860 REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COPE, TERRY 1860 REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000382604 01/12/06-80017-023 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.

**SIGNATURE:** WJ **1-6-06** **813-248-9258**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #