## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # K84254 1. Entity Name IAN T. SNAGG, INC. Principal Place of Business 6870 NW 29TH CT SUNRISE, FL 33313 US Mailing Address 6870 NW 29TH CT SUNRISE, FL 33313 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

SNAGG, IAN T.

6870 NW 29TH COURT SUNRISE, FL 33313

SIGNATURE:

FILED Jul 17, 2006 08:00 AM Secretary of State



07132006 No Chg-P		CR2E034 (11/05)			
4. FEI Number			Applied Fo		
65_0115			Not Applie		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

## 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 little i	of applicable (NOTE: Registered	I Agent signature	required when reinstating)	DATE					
		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.	OFFICERS AND DIRECTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV SNAGG, IAN T. 6870 NW 29TH COURT SUNRISE, FL 33313									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNAGG, IAN T. 6870 NW 29TH COURT SUNRISE, FL 33313				U00000570762 07/18/06-80009-010 150.00					
TITLE NAME STREET ADDRESS City-St-Zip				DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1								
12. I hereby certify that the information supplied with this filling 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 thustee 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 a address, with all other like empowered.										

IANT.

BIGNING OFFICER OR DIRECTOR