2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K95334 VICTOR J. LATAVISH, ARCHITECT, P.A. Principal Place of Business Mailing Address 4100 CORPORATE SQUARE 4100 CORPORATE SQUARE STE. 100 STE. 100 NAPLES, FL 34104 NAPLES, FL 34104 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0126127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LATAVISH, VICTOR J. DO NOT WRITE 4100 CORPORATE SQUARE STE 100 NAPLES, FL 34104 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, typod or printed name of registered agent and title # applicable. (NOTE: Registered Agent algorithms required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IIILE NAME LATAVISH, VICTOR J. 4100 CORPORATE SQUARE STE 100 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 TITLE U00000397617 01/30/06-80056-016-150.0U NAME STREET ADDRESS CITY-ST-ZIP TTT E NAME STREET ADDRESS DO NOT WRITE City-St-ZiP TITLE IN THIS SPACE MARKE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 tradstee empressed 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:

CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR J. LATAVISH, PRESIDENT 1-17.06

239.643.1665

Daytime Phone #

FILED

Jan 23, 2006 08:00 AM