## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 30, 2006 8:00 am Secretary of State

Principal Place of Business   Mailing Address   2225 S. DALE MABRY   7 AMPA, FL 33629
TAMPA, FL 33629  2. Principal Place of Business  Suite, Apt. #, etc.  Su
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired   \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  KANIA, KARIE  2225 S DALE MABRY HWY  TAMPA, FL 33629  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  Abditional Fee Required  City  FL  Zip Code  City  Cit
City & State  Country  City  Country  City  Country  City  Country  City  City  FL  City  FL  City  City  City  FL  City  City  City  FL  City  City  City  FL  City  City  FL  City  City  City  FL  City  City  City  FL  City  City  FL  City  City  City  FL  City  Cit
Signature   Sign
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  KANIA, KARIE 2225 S DALE MABRY HWY TAMPA, FL 33629  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Address of Row Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Address of Row Registered Agent  Free Required  Name  City  FL  Zip Code  City  FL  Zip Code  Address of Row Registered Agent  Foe India Acceptable)  Foe India Acceptable  Free Required  Name  Street Address of Now Registered Agent  Name  City  FL  Zip Code  Attribute of Florida. I am familiar with, and accept after the obligations of registered agent.  Filling Fee Is \$50.00  Due by September 6, 2006  Make check payable to Florida Department of State  Filling Fee Is \$50.00  Due by September 6, 2006  Florida Department of State  ITILE  MGRM  MANAGING MEMBERS/MANAGERS  IO.  ADDITIONS/CHANGES  ITILE  MARAE  SIREET ADDRESS  CITY-SI-ZIP  TAMPA, FL 33629  CITY-SI-ZIP  TAMPA, FL 33629
KANIA, KARIE 2225 S DALE MABRY HWY TAMPA, FL 33629  City  City  FL  Zip Code  Make check payable to Florida Department of State  Filling Fee is \$50.00  Due by September 6, 2006  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  TITLE  MGRM  KANIA, RICK  SIREET ADDRESS  CITY-ST-ZIP  KANIA, FL 33629  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FILE Acceptable
KANIA, KARIE 2225 S DALE MABRY HWY TAMPA, FL 33629  City  City  FL  Zip Code  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  Filling Fee is \$50.00  Due by September 6, 2006  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  ITILE  MGRM  MAME  KANIA, RICK  SIREET ADDRESS  CITY-ST-ZIP  TAMPA, FL 33629  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Addition  Material Address (P.O. Box Number is Not Acceptable)  Title  MGRM  ADDITIONS/CHANGES  CHY-ST-ZIP  TAMPA, FL 33629  STREET ADDRESS  CITY-ST-ZIP  TAMPA, FL 33629
2225 S DALE MABRY HWY TAMPA, FL 33629  City  FL  Zip Code  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  Filling Fee Is \$50.00  Due by September 6, 2006  Make check payable to Florida Department of State  9.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  ITTLE  MGRM  MGRM  Delete  MGRM  KANIA, RICK  SIREET ADDRESS  CITY-ST-ZIP  TAMPA, FL 33629  CITY-ST-ZIP  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida Pamiliar vit agent registered agent, or both, in the State of Florida Pamili
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Typed or signification name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  Filling Fee is \$50.00  Due by September 6, 2006  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MGRM Delete TITLE NAME  KANIA, RICK  STREET ADDRESS  CITY-ST-ZIP TAMPA, FL 33629  CITY-ST-ZIP  TAMPA, FL 33629  CITY-ST-ZIP
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STREET ADDRESS 2225 S DALE MABRY HWY STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP
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NAME ROMITO, SANDRA NAME ROMITO, SONDRA
NAME ROMITO, SANDRA STREET ADDRESS 2225 S DALE MABRY HWY CITY-ST-ZIP TAMPA, FL 33629  Delete TITLE TRICKTY  ROMITO SONDRA STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629  Delete TITLE TRICKTY  ROMITO SONDRA 2225 S DALE MABRY HWY CITY-ST-ZIP TPA FL 33(229)
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CITY-S1-ZIP         CITY-S1-ZIP           TITLE         Delete         TITLE         Change         Addition

11. Inereby certify that the information supplied with this taing does not quality for the exemptions contained in Chapter 118, Profit a Statutes. Hottier early that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Karue Karua

8-2-06 813 254-4200

Date Daytime