2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Mar 1/, 2000 08:00 A		
1. Entity Nam	MENT # L16327				Secre	etary of State
1040 NW 52	end st	laiting Address 1040 NW 52ND ST FORT LAUDERDALE, FL 33309)			O BROOM BROOM BROOK BROOK BROOK OLEKKOOL AT 1888
C	OO NOT WRITE II		CE	02222008 4. FET Numb 65-014	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COUTTS, DAVID A 1040 NW 52ND ST FORT LAUDERDALE, FL 33309			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 title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND DIREC	CTORS	<u> </u>		L	·
TITLE MAINE SIPTET ADDRESS CHY-ST-ZIP TITLE NAME SIREET ADDRESS	PO COUTTS, DAVID A. 1040 NW 52ND ST FORT LAUDERDALE, FL 33309 S COUTTS, LINDA 1040 NW 52ND ST				000000 03/29/06-	471318 80015-024 150.08
CITY-ST-ZIP HILE HAME SHEEL ADDRESS CITY-ST-ZIP	FORT LAUDERDALE, FL 33309				NOT W	
tirle Name Street Address Csty-St-Zip				IN .	THIS SP	ACE
DILE NAME STREET ACCIRESS CITY-ST-ZIP						
DILE	·					

12. I hereby certily 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 cath; 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.

NAME STREET ADDRESS

SIGNATURE SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

3/14/06 ' 954-491-6662 Dead Desgrape Phone 9