ZUUB FUR PRUFIT CURPURATION _____ANNUAL REPORT

DOCUMENT # L36312 FILED 1. Entity Name Apr 20, 2006 08:00 AN GNG XVI, INC. **Secretary of State** Principal Place of Business Mailing Address 5504 ALHAMBRA DR. 5504 ALHAMBRA DR. ORLANDO, FL 32808 ORLANDO, FL 32808 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2985133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **NELSON, RILEY H** DO NOT WRITE 5504 ALHAMBRA DR ORLANDO, FL 32808 IN THIS SPACE 6. 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 tide if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TIRE NAME NELSON, RILEY H. 5504 ALHAMBRA DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIBE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

D NAME OF SIGNING OFFICER OR DIRECTOR

407-293-0027 Daylime Phone #