2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT		Jan 20, 2006 08:00 A
DOCUMENT # L41051 1. Entity Name WARREN W. DILL, P.A.		Secretary of State
WARREIT W. DILL, F.A.		
Principal Place of Business Mailing Address	<u> </u>	
1565 US 1 1565 US 1 SEBASTIAN, FL 32958 US SEBASTIAN, FL 32958 U	S	
DO NOT WRITE IN THIS SPACE		01042006 No Chg-P CR2E034 (11/05)
	CE	4. FEI Number Applied For
		83-0257092 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent	_	Fee Required
DILL, WARREN W. 1565 US 1		DO NOT WRITE
SEBASTIAN, FL 32958		IN THIS SPACE
The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.	ered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Regist	wed Agent signature require	d when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fir	ancing \$5	.00 May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution	n. Add	ded to Fees
10. OFFICERS AND DIRECTORS THEE S		
NAME DILL, WARREN W STREET ADDRESS 1565 US 1		
CITY-ST-ZIP SEBASTIAN, FL 32958		Undunurs4364s
NAME STREET ADDRESS		01,25/06-90030 - 011 150.00
CITY-ST-ZIP	-	
NAME STREET ADDRESS		DO NOT MOITE
CITY-ST-ZIP TITLE		DO NOT WRITE
NAME STREET ADDRESS		IN THIS SPACE
CITY-ST-ZIP	_	
NAME NAME	1	
STREET ADDRESS CITY-ST-ZIP	L	
<u></u>		
TITLE NAME SIREET ADDRESS	1	

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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-6-06