2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

+	' ANNUAL R	EPORT (AR			FILED
1. Entity Name		••		· Apr 24	, <b>2006</b> 2 <b>08</b> :00 AN etary of State
STORETE	CH, INC.				July of State
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	₹ V	
1225 NW 17 SUITE 104 DELRAY BEA	TH AVENUE ACH FL 33445	1225 NW 17TH AVEN SUITE 104 DELRAY BEACH FL 3:			
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E034 (10/05)
City & State	e	City & State		4. FEI Number 65-021970	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent	Name	7. Name and Address of New	Registered Agent
50 S	IN, KEITH D ESQ. SE 4TH AVENUE RAY BEACH FL 33483			ss (P.O. Box Number is Not Acceptal	FL Zip Code
	named entity submits this statement (	or the purpose of changing its	s registered office or regis	stered agent, or both, in the State of I	
the obligati	ions of registered agent	_			
SIGNATORIE.	Signature Typeri or printed name of registered ager	it and title if applicable (NO	TE Registered Agent argnature requ	ulted when roinstating)	DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department			9. Election Cam Trust Fund C	<u> </u>
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 11
HTLE NAME STREET ADDRESS GITY-ST-ZIP	D CALABRESE, ORLANDO G 1225 NW 17TH AVENUE, SUITE DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000: 05/06/06-	□ Change □ A∂∂C 530730 80011-801 300.00
TITLE NAME STREET ADDRESS CNY-ST-ZIP	D CALABRESE, CURTIS K 1225 NW 17TH AVENUE, SUITE DELRAY BEACH FL 33445	☐ Deleté	THE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐ Aut***
THUF NAME STREET ADDRESS CUTY- ST-ZIP		☐ Dalete	ISTLE NAME STRLLE AUDRESS CITY-ST-ZIP		☐ Change ☐ Astern
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addri
TITLE RAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Askin
TITLE NAME STREET ADDRESS CITY - ST- ZIP		☐ Delete	TITLE NAME STREEL ADDRESS CITY-ST-ZIP		☐ Change ☐ A44.0
	certify that the information supplied of on this report or supplemental report or progration or the received of trusted ered, or on an attackment with an additional control of the contro				er oath, that I am an onicer or direction ame appears in Block 10 or Block 1
SIGNAT	TURE: SIGNATURE AND TYPES	R PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	4/12/06	Ste 1 · 272 · 46 °