2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # L69060 cholson, INC.					02-21-2006 90	0016 037 ***	150.0	Ю
Principal Place of Business C/O JOHN NICHOLSON 2600-B N.W. 1ST AVE BOCA RATON, FL 33431		Mailing Address C/O JOHN NICHOLSON 2600-B N.W. 1ST AVE BOCA RATON, FL 33431			NIKO NEKI OBIO DINK COK	1181 61811 81811 81811	Eirii a(a)		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132006	Chg-P	CR2E034 (1	1/05)		
City & State		City & State		4. FEI Number 65-0200				plied For t Applicable	
Zip	Country	Zip	Cour	otry	5. Certificate o	f Status Desired		75 Addi Required	
	6. Name and Address of Curro	ent Registered Agent			7. Name and A	Address of New R	egistered Agent		
MICHOLOG	NICOLOGICA NA POLINI				Name				
NICHOLSON, JOHN 2600-B N.W. 1ST AVE BOCA RATON, FL 33431				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			•						
				City			FL	p Code	
the obligat	named entity submits this statemer ions of registered agent. Skynature, typed or printed name of registered a		· -	red office or regis		i, in the State of Fig	orida, I am Iamilia	ir with, a	and accept
15.	advatore, typed or printed retirie or registered a	gent and the mappingable. 1990	ric: negister	ea yddut signatura redt	area witer (enstaing)		DATE.		
FIL After M	É NOW!!! FEE IS \$150.00 ay 1, 2006 fee will be \$55	9. Election Camp Trust Fund Cor		ncing \$	55.00 May Be Added to Fees				
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRE	CTORS	3 IN 11
TITLE	D	Delete		LE			c	Change	Addition
NAME	NICHOLSON, JOHN			VTE .					
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •			EET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL			Y-ST-ZIP					
TITLE		☐ Delete	TITI Naj	i				Change	Addition
NAME STREET ADDRESS				VE NEET ADDRESS					
CITY-ST-ZIP				Y-SI-ZIP					
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NAME		23 00.00	NA						
STREET ADDRESS				REET ADDRESS					
_CITY-ST-ZIP			CIT	Y-ST-ZIP		····			
TITLE		Delete	TITI				c	Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delete	TIT					Change	Addition
NAME			NAI	I .					
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		7					، نا	Chase-	□ Addision
TITLE		☐ Delete	TIT NAI	1				Change	☐ Addition
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
12 I hereby	certify that the information supplied	with this filing does not qualify	for the e	xemptions contai	inert in Chapter 119.	Florida Statutes	further certify the	at the ir	nformation

14. Finerepy certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 NAME OF SIGNING OFFICER OR DIRECTOR Dave Daybure Phone &