2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 08:00 AM Secretary of State

1. Entity Nar	IMENT # L72862 E COMPANY, INC.						y or source
}	ALE MABRY HWY	tailing Address 14502 N DALE MABRY HWY STE 200 FAMPA, FL 33618					
Ε	OO NOT WRITE II	N THIS SPA	CE	05012006 4. FEI Numbe 59-3011	No Chg-P		034 (11/05) Applied For Not Applicate \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KORTA, JACK 14502 N DALE MABRY HWY STE 200 TAMPA, FL 33618 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent			DO NOT WRITE IN THIS SPACE red office or registered 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	id Agent signature required	i when reinstating)	DATE			
FILE NOWI!! FEE IS \$150.00 9. Election Cam After May 1, 2006 Fee will be \$550.00 Trust Fund C					U00000562903 Q5/19/06-80074-008 150.00		
10. TITLE NAME STREET ADDRESS CITY ST ZIP	TAMPA, FL 33618 VP KORTA, AMY 14502 N. DALE MABRY HIGHWAY TAMPA, FL 33618	CTORS		.,	NOT W		
HILE	1		1	IN 7	THIS SF	ACI	

12. I nereby 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: _

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY ST ZIP

NAME STREET ADDRESS CITY ST ZIP

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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