## 2006 FOR PROFIT CORPORATION. ANNUAL REPORT

## FILED May 05, 2006 8:00 am Secretary of State

Port Myers FI					7				
2. Principal Place of Business P O Box 08012  Culty & State Culty & Stat	1068 X MXX		XEXHEX XECHEROOR SERVEX						
P O Box 08012   Solide, Apt. A. etc.   Solide, Apt. B. etc.   Solide		, FL 33908	FORT MYERS, FL 33908	1		 	N ANTHI ENEM ANTH		
Solite. Apt F. etc.    Outs   State   City & State			-	2					
Fort Myers FI.   Port Myers FI.   65-0320044   Nature 133908   200   33908   USA   5. Certificate of Status Desired   \$8.75 Andbut 233908   USA   5. Certificate of Status Desired   \$8.75 Andbut 233908   USA   5. Certificate of Status Desired   \$8.75 Andbut 233908   USA   7. Name and Address of New Registered Again   Name   Street Address of New Registered Again   Name   Name				<u> </u>	04252006	Chg-P	CR2E03	4 (11/05)	
Same	_ '							Applied For Not Applicable	
SUBATHER, DENNIS SUBSTERO BLVD	Zip Country				5 Certificate of Status Desired   \$8				
SUENTHER, DENNIS SIGNATURE  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, an incodingulations of registered agent.  SIGNATURE  Signature, lips of content over a disputated agent and life if applicable.  ROTE Registered Agent separated agent, or both, in the State of Florida. I am familiar with, an incodingulation of registered agent. Or both, in the State of Florida. I am familiar with, an incodingulation of registered agent.  Signature  Signature  Signature  Signature  Officers and Directors  Officers and Directors  Officers and Directors  Officers and Directors  Inc.  Signature  Officers and Directors  Inc.  Signature  Officers and Directors  Inc.  Signature  Officers and Directors  Inc.  Now.  Signature  Officers  Of						5. Certificate bi Status Desired Fee Required			
Street Address (P.O. 6x Number is Not Acceptable)  Street Address (P.O. 6x Number is Not Acceptable)  City FL Zip Code  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 lamiliar with, or the obligations of registered agent.  (IGNATURE  Signature. I had do presed name of registered agent and little is acideately.  (IFOTE Registered Agent consults required agent, or both, in the State of Florida. I am lamiliar with, or the obligations of registered agent.  (IGNATURE  Signature. I had do presed name of registered agent and little is acideately.  (IFOTE Registered Agent expenses required agent, or both, in the State of Florida. I am lamiliar with, or the obligations of registered agent.  (IGNATURE  Signature. I had do presed name of registered agent.  (IFOTE Registered Agent expenses required agent, or both, in the State of Florida. I am lamiliar with, or the obligations of registered agent.  (IGNATURE  Signature. I had on presed name of registered agent.  (IGNATURE  Signature. I had on presed name of registered agent.  (IGNATURE Signature. I had on presed name of registered agent.  (IGNATURE Signature. I had on presed name of registered agent.  (IGNATURE Signature. I had on presed name of registered agent.  (IGNATURE Signature. I had on presed name of registered agent.  (IGNATURE Signature. I had on presed name of registered agent.  (IGNATURE Signature. I had be registered agent.		6. Name and Address of Curre	nt Registered Agent	Name	7. Name and A	Address of New H	registered Ag	gent	
City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam tamilitar with, are too chigations of registered agent.  Signature			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
b. 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, an inchesting the obligations of registered agent.  Inchesting the property of the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an inchesting the obligations of registered agent.  Inchesting the property of the statement of the supplemental registered agent and the supplemental registered agent, or both, in the State of Florida. I am familiar with, an inchesting the obligations of registered agent, or both, in the State of Florida. I am familiar with, an inchesting the obligations of registered agent, or both, in the State of Florida. I am familiar with, an inchesting the obligations of registered agent, or both, in the State of Florida. I am familiar with, an inchesting the obligations of registered agent, or both, in the State of Florida. I am familiar with, an inchesting the obligations of registered agent, or both, in the State of Florida. I am familiar with, an inchesting the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the familiar with with, and familiar with and familiar with, a	FORT MY	ERS BEACH, FL 33931				<del></del>			·
8. 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, an the obligations of registered agent.    Signature   Signa				City			FI	Zip Coc	ie
THE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. INTER ADDRESS  CITY-S1-2P  ITTLE  MAKE  MIRE MAKE  SIREF ADDRESS  CITY-S1-2P  ITTLE  MAKE  SIREF ADDRESS  CITY-S1-2P  TITLE  MAKE  SIREF ADDRESS  CITY-S1-2P  TIT	8. The above	named entity submits this statement	t for the purpose of changing its re	agistered office or regis	stered agent, or both	, in the State of Fl		miliar with.	and accept
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GUENTHER, DENNIS  INCEL ANARESS  INFERT ANDRESS  INFERT ADDRESS  INFERT ADDRES				11.	ADDITIONS/C	CHANGES TO OFF	FICERS AND F	DIRECTOR	RS IN 11
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NAME STREET ADDRESS CITY-ST-ZIP  CHANGE 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 of the receiver or truspee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or B changed, or on an attackment with a reddress, with a label where kee empowered.	IAME STREET ADDRESS		☐ Delete	name Street address				☐ Change	Addition
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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 of the corporation or the receiver or trustgue empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or B changed, or on an attachment with an address, with all other like empowered.	iame Street address		☐ Delete	NAME STREET ADDRESS				Change	☐ Additio
ITILE  AME  ITREET ADDRESS  ITY-ST-ZIP  2. 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 of the corporation 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 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 B changed, or on an attachment with an adddress, with all other like empowered.	ame Treet address		☐ Delete	NAME STREET ADDRESS				Change	☐ Addilio
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