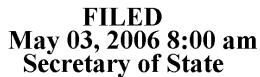
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



Principal Place of Business         Mailing Address           1881 N E 26TH ST SUITE 201         1881 N E 26TH ST SUITE 201           WILTON MANORS, FL 33305         WILTON MANORS, FL 33305			
2. Principal Place of Business 4725 N.E. 11th Avenue Suite, Apt. #, etc.  3. Mailing Address 4725 N.E. 11th Avenue Suite, Apt. #, etc.  5. Suite, Apt. #, etc.  05012006 Chg-P	CR2E034 (11/05)		
City & State City & State 4. FEI Number Oakland Park, FL Oakland Park, FL 59-2530199	<b>⊢</b>	plied For at Applicable	
Zip Country Zip Country 33334-3900 Broward 33334-3900 Broward 5. Certificate of Status Desired	\$8.75 Add	litional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Reg	gistered Agent——		
ANDERSON, E.J.  1881 N.E. 26TH STREET, SUITE 201  Street Address (P.O. Box Number is Not Acceptable)  7.725 N.E. 11th Ayanya			
WILTON MANORS, FL 33305			
Öakland Park	FL ZBSS		
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floric the obligations of registered agent.</li> </ol>	da. I am familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE			
HITLE VSTD Delete TITLE  NAME ANDERSON, E.J.  STREET ADDRESS 1881 N.E 26TH ST STE 201  CITY-ST-ZIP WILTON MANORS, FL 33305  Delete TITLE  NAME  AT 725 N.E. 11th Avenue  CITY-ST-ZIP Oakland Park, FL 3333	⊠ Change 34-3900	Addition	
TITLE P Delete TITLE  NAME GULDSTRAND, INGVAR G  STREET ADDRESS 3430 GALT OCEAN DR APT 702 STREET ADDRESS 4725 N.E. 11th Avenue	<b>∑</b> Change	☐ Addition	
	34-3900		
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I for	Change	Addition	

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.

G. Carolan E. J. Anderson

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-938-1547

Daytime Phone #