

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90319 002 \*\*\*150.00

**60025349**



04012006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # M33420</b> 1. Entity Name <b>THO-EL, INC.</b>					
Principal Place of Business <b>1465 N.W. SISTRUNK BLVD. FT. LAUDERDALE, FL 33311-7986</b>			Mailing Address <b>1465 N.W. SISTRUNK BLVD. FT. LAUDERDALE, FL 33311-7986</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0118406</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JAMES, LEON J 1465 SISTRUNK BLVD. FT. LAUDERDALE, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>Louis James</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 S. W. 7 Street</b> City <b>Fort Lauderdale, FL</b> Zip Code <b>33312</b>		
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, and accept the obligations of registered agent. SIGNATURE: <b>Louis James, President</b> <span style="float: right;">04/06/06</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS JAMES, LEON 2941 N.W. 8TH ROAD FT. LAUDERDALE, FL 33311</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT JAMES, LOUIS 2817 N.W. 8TH ROAD FT. LAUDERDALE, FL 33311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2600 S. W. 7 Street Fort Lauderdale, FL 33312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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:		<b>Louis James</b>		04/06/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		954 687-4676	
				<small>Daytime Phone #</small>	