2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Name	MENT # N0100000250 IDDIE KASTLE I & II, INC.)7			6 08:00 AM y of State
Principal Place	o of Business	Mailing Address		1	
		2452 W.28TH ST.			
JACKSONVILLE FL 32209		JACKSONVILLE FL 3	2209		
2. Principal P	ace of Business	3. Mailing Address		S SECURICE CON CERTIFIC PROFIT DE LE CONTRE LE	datik artin linai mist satil årvikt; at inne
Suite, Apr. #, etc.		Suite, Apt. #, etc.		1st MOORE CF	R2E037 (10/05)
City & State		City & State		4. FEI Number 59-3714421	Applied For Not Applicab
Ζιρ	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Reg	istered Agent
RAWLS, DEBORAH A 2452 W.28TH STREET JACKSONVILLE FL 32209			Street Address	(P.O. Box Number is Not Acceptable)	
			City		FL Zip Code
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 Signature typod or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	PRODUCTION A	ampaign Financing Contribution.		Check Payable to Department of State
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS/CHANGES TO OFFICEHS	AND DIHECTORS IN 10
TITLE	DP .	☐ Dolete	TALE	000000434	1238 🗆 Change 🗆 🚧 🐃
NAME STREET ADDRESS	RAWLS, DEBORAH A 2452 W.28TH STREET.	1	name Sireei audhess		J53-003 61.25
CITY-ST-ZIP	JACKSONVILLE FL 32209	4	CITY-ST-ZIP		
TITLE	DS	. Delete	TATLE		☐ Change ☐ Addition
NAME	BROWN, SHAREE A		NAME CIOCEL ADDOLOG		
CITY-ST-ZIP	2452 W.28TH ST. JACKSONVILLE FL 32209		SIREET ADDRESS CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addit
NAME	BROWN, ANTOINE		NAME		
STREET ADDRESS	2452 W 28TH ST.		SIREET ADDRESS CRY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE FL 32209		TITLE		Change Addition
TITLE NAME	4	☐ Delete	NAME		C. autudo C. C. Commun
STREET ADDRESS		:	STREET ADDRESS		
CITY-ST-ZIP		<u>-</u>	CITY-SI-ZIP		
TALE	,	☐ Delete	TITLE NAME		☐ Change ☐ A#***
NAME STREET ADDRESS			STREET ADDRESS		*
CITY-ST-ZIP			CITY-ST-ZIP		<i></i>
TITLE		☐ Delete	TRILE		☐ Change ☐ Addiii
NAME STREET ADDRESS			NAME STREET ADDRESS		•
STREET ADDRESS CITY-ST-ZIP	}	:	CITY-ST-ZIP		
<i>t</i>	certify that the information supplied w	ith this filing does not qualify	2	ned in Section 119, Florida Statutes. I lu	irther certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.					

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2/11/06 904-354-2640