2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 8:00 am Secretary of State

DOCUI	MENT # N0200000		03-02-2006 90012 035 ****61.25				
	ĞELTARY PARTNERS, IN						
Principal Place of Business Mailing Address 1307 6TH ST., WEST 1307 6TH ST., WEST BRADENTON, FL 34205 BRADENTON, FL 34205			•	>-			
2. Principal Place of Business		3. Mailing Address		1	LII LD III BBLII BBIII BBIII		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162006 Chg	g-NP C	R2E037 (11/05)	
City & State	е	Cily & State		4. FEI Number 05-0536411	· · · · · · · · · · · · · · · · · · ·		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired [\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent		7. Name and Addre	ess of New Regis	tered Agent	
WASHING	TON, LYNN C		Name				
WASHINGTON, LYNN C 701 BRICKELL AVE., STE. 2800 MIAMI, FL 33131			Street Addre	ess (P.O. Box Number is N	ot Acceptable)		<u> </u>
			City			FL Zip Cod	le
	named entity submits this statement lions of registered agent.	or the purpose of changing its reg	gistered office or reg	gistered agent, or both, in the	ne State of Florida	. I am familiar with,	and accept
DICALATURE							•
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating)		DATE	
SIGNATURE .		at and title if applicable. (NOTE: Re 9. Election Campa			Make	Check payable to	······································
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	tate
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12. I hereby certify that the information supplied with this tiling 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 architect 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachined with an address with all other like empowered.

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SIGNA WE AND THE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #