2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011018

1. Entity Name



FILED Jan 23, 2006 8:00 am Secretary of State

01-23-2006 90103 014 ****61.25

	ATION, INC.	INDS HOIVIEOV	MEKS								
,	e of Business LEMEN RD., STE. 108 FL 34232		ailing Address 01 N. CATTLEMEN RD., STE. 108 ARASOTA, FL 34232			20002287					
		•									
2. Principal Place of Business		3. Mailing Address				j inglijigi bil bali	i 3 141 40 41 40 41 8				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0	1062006 C	Chg-NP	CR2E03	7 (11/05)		
City & State		City & State				4. FEI Number Applied For O2 - 0756702 Not Applicable					
Zip	Country	Country Zip Co		untry	5. Certificate of Status Desired See Required					ditiona!	
	6. Name and Address of Current	Registered Agent			7.	Name and Ad	dress of New I				
LEGAULT	PATRICK	. 	-	Nāme	-						
LEGAULT, PATRICK 301 N. CATTLEMEN RD., STE. 108 SARASOTA, FL 34232			Street Ad		dress (P.O.	ess (P.O. Box Number is Not Acceptable)					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								<u>-</u>		
				City				FL	Zip Cod	e	
8. The above	named entity submits this statement fo	r the purpose of chang	ging its register	ed office or re	egistered a	gent, or both, i	n the State of Fl	orida. I am f	amiliar with,	and accept	
********	Note of rogistions and and an arrangement										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature	e required when	reinstating)		DATE			
Filing Fee is \$61.25			9. Election Campaign Financing				· · · · · · · · · · · · · · · · · · ·				
	•	l l		~ _		.00 May Be		lake check			
	Due by May 1, 2006	Trust	Fund Contribut	~ _	J Add	led to Fees	Flo	rida Depart	tment of S	tate	
10. ·	Due by May 1, 2006 OFFICERS AND DIF	Trust	Fund Contribut	ion. [Add ADD	led to Fees		rida Depart	RECTORS IN	tate	
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Independent of the information supplied with this filing does not quality 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacament with an address, with all other like empowered.

GNATURE:

ONUD L. LISTON

ONUD L. LISTON

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR