2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2006 8:00 am

Mailing Address 2016 ANISTON ROAD ARKSONVILLE, FL 32246 2. Principal Pace of Business 3. Mailing Address 2. Principal Pace of Business 4. Fel Number 2. Principal	1. Entity Nan	MENT # N9600000			02-14-2006 90002 037 ****70.00
Solite, Apt. #, effc. Solite, Apt. #, effc.	2016 ANNIS	TON ROAD	2016 ANNISTON ROA		
City & State Country Coun	2. Principal F	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	1 (ESUMO SUB URIO ENAM BONI SURIA BONI BONI BONI BONI BONI BONI BONI BONI
Sp. 3447540 Non Applicable Sp. 3447540 Non Applicable Sp. 355 Additional Fee Required Sp. 356 Ad	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		01252006 Chg-NP CR2E037 (11/05)
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations of registered agent. SIGNATURE Filling Fee Is \$61.25 Debte by May 1, 2006 Pilling Fee Is \$61.25 DP RICHARDSON, ANTONIO C SIRET AVORSS RICHARDSON, ANTONIO C SIRET AVORSS SIR	City & Stat	te	City & State		50 2447540
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	
Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Number is Not Acceptable)		6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	LEWIS C	HRISTOPHER J		Name	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	2016 ANN	IISTON ROAD		Street A	ddress (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE Signature Signat				City	FI Zip Code
SIGNATURE Systems, typed or pritted name of registered agaret and tale if applicable. (NOTE Registreed Agard signature required when renatisiting) DATE Filling Fee is \$81.25			or the purpose of changing	its registered office or	
Filling Fee Is \$61.25 Due by May 1, 2006 Prust Fund Contribution. Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP RICHARDSON, ANTONIO C STREET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32221 TITLE DD STREET ADDRESS CITY-ST-2P UNAME STREET ADDRESS CITY-ST-2P TITLE UNAME STREET ADDRESS CITY-ST-2P UNAME STREET ADDRESS CITY-ST-2P TITLE UNAME STREET ADDRESS CITY-ST-2P UNAME STREET ADDRESS CITY	,				
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NAME STREET ADDRESS CITY-ST-2P TITLE D LEWIS, CHRISTOPHER STREET ADDRESS CITY-ST-2P TITLE D RICHARDSON, CYNTHIA M STREET ADDRESS CITY-ST-2P TITLE D RICHARDSON, CYNTHIA M STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P ADDRESS CITY-ST-2P Change Addition NAME STREET ADDRESS	SIGNATURE	Signature, typed or printed name of registered agen	9. Election C	ampaign Financing	\$5.00 May Be Make check payable to
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12. I hereby certify that the information supplied with this filling 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 617, 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:

SIGNATURE AND TYPED ON PRINTED NAME/F SIGNING OFFICER OR DIRECTOR

Dayline Proce 9

(904)425-3787