2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 23, 2006 08:00 AM Secretary of State CUMENT # P00000003585 EEY, INC. Place of Business Mailing Address 1311 BERWYN HOAD WYN ROAD NDO FL 32806 ORLANDO FL 32806 ctoal Place of Business 3. Mailing Address ie. Apt. #. etc Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) Sale City & State 4. FEI Number Applied For 59-3675320 Not Applicat Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSLEY, MARK Street Address (P.O. Box Number is Not Acceptable) 1311 BERWYN ROAD ORLANDO FL 32806 City Zip Code bowe named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and access bilipations of registered agent. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May 5: 8. Election Campaign Financing tier May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees neck Payable to Florida Department of State M ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. TIT: ☐ Detete HIZE Change Addiii. MOSLEY, MARK NAME U000000396895 NAI STF 1311 BERWYN ROAD STREET ACCRESS 01/30/06-80027-018 150.00 ORLANDO FL 32806 CITY-ST-ZIP 7571 Delete MŒ ☐ Change ☐ Addino HAT NAME SZBRODA FBBRTS CIT CITY-ST-ZIP 7771 , 🔲 Delete SSTLE ☐ Change □ Adam MAS NAME STR STREET ADDRESS CITY-ST-ZIP CIT m ☐ Defete IITLE Change ☐ Addiiu NAN STREET ADDRESS STR CITY-ST-ZIP CSTS Change Addition TOTE ☐ Deteta TITLE NAM NAME STR STREET ADDRESS City CITY-ST-ZIP BSL ☐ Delete TITLE Change ☐ Addition NAM NAME STRE STREET ADDRESS CITY DITY-ST-ZIP

reTy 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 care 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 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 The corporation of the receiver or trustee empowered to execute this report as to transped, or on an attachment with an address, with all other like empowered.

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