2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nan	ne	# P0000000 PORATION	3686	5			FILED 06 JUL 17 PM 1: 20			
Principal Place of Business N			Mailing Address	Mailing Address			SEURETARY OF STATE TALLAHASSEE, FLORIDA 05/23/06 90010 048 \$75.00			
			P.O. BOX 14				TALLANASSE, FEORIBA			
BOSTWICK, FL 32007			BOSTWICK, FL 3200	BUSTWICK, FL 32007			23/06 40	70 048 T	1 12-00	
							10	JU si ri si ri a iku s ili (sii)		
`			3. Mailing Address				ili (811) 88111 88111 9811 68	<u> </u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-P	CR2E034 (11/05	·	
City & State			City & State				pėr 26658		Applied For Not Applicable	
Zip	Country		Zip	Zip Country		5. Certificat	5. Certificate of Status Desired			
	6. Nam	and Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent					
WILLIAMS, JOHN M					Name					
1116 HWY BOSTWIC	/. 17 N.			Street Addres		ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
	•									
					City	City FL Zip Cox		ode		
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										
A. Shapitas Compaign Stranging At 7 00										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10		OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	FICERS AND DIRECTO		
title Name	D De:			TITLE !			· · · · · · · · · · · · · · · · · · ·	Change		
STREET ADDRESS	1116 HW			STREET ADDRESS		n	: 2000 17/21/060	7782 14 9	##83.75	
CITY-ST-ZIP					-ST-ZIP	·-·		1000 010 3		
TITLE Name	D . WILLIAMS, KARL L				F			Change	☐ Addition	
STREET ADDRESS	136 TAYLOR RD.			1	ET ADDRESS					
CITY-\$1-ZIP	PALATKA, FL 321773 CIF				-ST-ZIP					
TITLE			Delete	TITLE	ì		-	☐ Change	Addition	
NAME Street adoress	,				E Et address					
CITY-ST-ZIP					-ST-ZIP					
TITLE		M	O 1 Defete	TITLE				☐ Change	Addition	
NAME STREET ADORESS		VΝ,	`11 17	NAM	ET ADORESS				}	
CITY-ST-ZIP		r			-ST-ZIP					
IIILE		.4	☐ Defete	TITLE				☐ Change	Addition	
NAME				NAME	1					
STREET ADDRESS CITY-ST-ZIP					ET AODRESS - ST-ZIP					
TITULE			☐ Delete	TITLE	- 			☐ Charige	☐ Addition	
NAME	•		<u> </u>	NAME						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP				1	
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 807. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.										
SIGNATURE: Jan M. D. Olama 3/3/06										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deputing Priore										