


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90415 035 ***150.00

DOCUMENT # P00000011768

1. Entity Name
STRUCTURE, INC.



Principal Place of Business
**2530 S. MABUIRE RD.
 OCOEE, FL 34761**

Mailing Address
**1850 W. FAIRBANKS AVE
 SUITE B
 WINTER PARK, FL 32789**

JUUU0816



01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
2530 S. Maguire Rd.

3. Mailing Address
**1850 W. Fairbanks Ave.
 Suite B**

City & State
Ocoee, FL.

City & State
Winter Park, FL.

4. FEI Number
59-3625784

Applied For
 Not Applicable

Zip
34761

Country
USA

Zip
32789

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KATZ, LAWRENCE H
 341 N. MAITLAND AVE STE 120
 MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name
Sergio von Schmeling

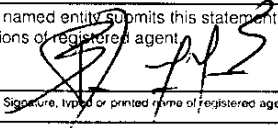
Street Address (P.O. Box Number is Not Acceptable)
**1850 W. Fairbanks Ave.
 Suite B**

City
Winter Park

State
FL

Zip Code
32789

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:  DATE: **03/27/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	VON SCHMELING, SERGIO	1680 OAKHURST AVE	WINTER PARK, FL 32789	<input type="checkbox"/>
V	NERY, LEONARDO	609 GALLERY DR #4	WINTER PARK, FL 32792	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 607, 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:  DATE: **03/27/2006** DAYTIME PHONE #: **407-740-6747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR