
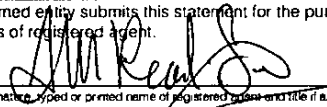
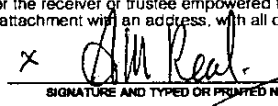


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90200 038 ***150.00

DOCUMENT # P00000022093 1. Entity Name ANKIE, INC.																																					
Principal Place of Business 4443 GLENVIEW LANE WINTER PARK, FL 32792			Mailing Address 4443 GLENVIEW LANE WINTER PARK, FL 32792																																		
2. Principal Place of Business 2234 HAWICK LANE Suite, Apt. #, etc.		3. Mailing Address 2234 HAWICK LANE Suite, Apt. #, etc.																																			
City & State WINTER PARK, FL Zip 32792		City & State WINTER PARK FL Zip 32792		4. FEI Number 59-3651122																																	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent READ-SEGERIUS, ANKE M 4443 GLENVIEW LANE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2234 HAWICK LANE City WINTER PARK FL Zip Code 32792																																		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SEGERIUS, ANKE R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4443 GLENVIEW LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32792</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	SEGERIUS, ANKE R		STREET ADDRESS	4443 GLENVIEW LANE		CITY-ST-ZIP	WINTER PARK, FL 32792		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> <td style="width:10%;">Change <input checked="" type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ANKE READ-SEGERIUS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2234 HAWICK LANE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK-FL 32792</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>	NAME	ANKE READ-SEGERIUS				STREET ADDRESS	2234 HAWICK LANE				CITY-ST-ZIP	WINTER PARK-FL 32792			
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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:  4/28/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																					