2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023846

City-St-Zip:

City-St-Zip:

Title:

Name: Address: BROOKSVILLE, FL 34601

WINDHAM, BARRY C SEC

BROOKSVILLE, FL 34601 US

9511 WALLIEN DR

() Delete

SEC

FILED Jan 17, 2006 Secretary of State

Entity Name: MIKE ROTUNDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 9511 WALLIEN DRIVE BROOKSVILLE, FL 34601 **Current Mailing Address: New Mailing Address:** 9511 WALLIEN DRIVE BROOKSVILLE, FL 34601 FEI Number: 59-3630054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROTUNDA, MIKE 9511 WALLIEN DRIVE BROOKSVILLE, FL 34601 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ROTUNDA, MIKE ROTUNDA, MIKE Name: Name: 9511 WALLIEN DR 9511 WALLIEN DR Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601 US Title: Title: (X) Change () Addition () Delete ROTUNDA, STEPHANIE ROTUNDA, STEPHANIE Name: Name: 9511 WALLIEN DRIVE 9511 WALLIEN DRIVE Address: Address: BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition SPEARS, MIKE E SPEARS, MIKE E Name: Name: 9511 WALLIEN DRIVE 9511 WALLIEN DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BROOKSVILLE, FL 34601 US

() Change () Addition

SIGNATURE: STEPHANIE ROTUNDA VP 01/17/2006