

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000039602

1. Entity Name
SIU REVIEW, INC.



Principal Place of Business
**2466 WEST STATE ROAD 426
SUITE 1012
OVIEDO, FL 32765 US**

Mailing Address
**PO BOX 623277
OVIEDO, FL 32762-3277 US**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3668837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RATCLIFF, STEPHEN J
2466 WEST STATE ROAD 426
SUITE 1012
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
PACHA, DEBRA L
2466 WEST STATE ROAD 426 SUITE 1012
OVIEDO, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CD
RATCLIFF, STEPHEN J
2466 WEST STATE ROAD 426 SUITE 1012
OVIEDO, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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TITLE
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CITY- ST- ZIP

U00000525535
05/04/06-80033-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN J. RATCLIFF

4/19/06
Date

407-359-9479
Daytime Phone #