2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 08:00 AM Secretary of State

DOCU 1. Entity Narr VICKI D,		6		
Principal Place 8515 DEE CI RIVERVIEW,	ircle 8	lailing Address 1515 DEE CIRCLE RIVERVIEW, FL 33569		
D	O NOT WRITE II		CE	01202006 No Chg-P CR2E034 (11/05) 4. FEI Number
JONES, MARTIN S 7746 - 66TH PINELLAS PARK, FL 33781				DO NOT WRITE IN THIS SPACE
the obligate SIGNATURE.	illons of registered agent.		od Agem signature required	tered agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with acception of the state of Florida. I am familiar with a state of Florida. I am fa
10. HITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY-ST. ZIP	OFFICERS AND DIRECT D DILLARD, VICKI 8515 DEE CIRCLE RIVERVIEW, FL 33569	CTORS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		·		
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 eath; that I am an officer or director of the corporation or the receiver of 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.				

2/19/06