## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AN
Secretary of State

ANNUAL REPURI							08:00
DOCUMENT # P00	1 To 1		Se	ecretary	of Stat		
1. Entity Name FLUKE PERFORMANCE, I	NC					•	
FLORE FLIX ONWARDL,	ino.			7			
Denoinal Plans of Business		oiling Address	100 HE 17	4	- ma		•
Principal Place of Business 8437 FORREST HILLS BLVD., #306		ailing Address 1437 FORREST HILLS BLVD.,					
CORAL SPRINGS, FL 33065	ORAL SPRINGS, FL 33065	# <b>300</b>					
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			CE	4. FEI Numbe		<u> </u>	Applied For
				65-100	7984	¢0.7	Not Applicable
			3.	5. Certificate	of Status Desired		5 Additional equired
6. Name and Addres	ss of Current Regis	tered Agent					
FLUKE, KENNETH E				DO	NOT W	DITE	
8437 FORREST HILLS BLVD., #306			DO NOT WRITE				
CORAL SPRINGS, FL 33065				IN 7	THIS SF	PACE	
8. The above named entity submits thi	s statement for the r	ournose of changing its register	red office or registe	ered agent, or bol	h, in the State of Fl	orida. I am familia	r with, and accept
the obligations of registered agent.					,,		
SIGNATURE					,		<u> </u>
Signature, typed or printed name	of registered agent and tide	if applicable. (NOTE Register	ed Agent signature requir	ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fins			· · — •	5.00 May Be			
After May 1, 2006 Fee wil	l be \$550.00	Trust Fund Contribution	□ Ad	ided to Fees			
<del></del>	FICERS AND DIREC	CTORS					
TITLE D NAME FLUKE, KENNETH E	=						
STREET ADDRESS 8437 FORREST HIL							
CITY-ST-ZIP CORAL SPRINGS, F	FL 33065						
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NAME STREET ADDRESS					04/29/06	0512354 -80084-027	2 150.00
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CHY-SI-ZIP		<u> </u>	4				
TITLE			•				

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 gifter like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayame Phone #

Date