2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 2006 08:00 AN

Daytme F

DOCUMENT # P01000002197 1. Entity Name EDWARD J. SILER, CPA, P.A.					Secreta	ry of State
Principal Place 2419 HOLLY HOLLYWOOD	WOOD BLVD	Mailing Address 2419 HOLLYWOOD BLVD HOLLYWOOD, FL 33020				
D	O NOT WRITE		CE		Chg-P CR2E	034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
2419 HOLI HOLLYWO	6. Name and Address of Current R WARD J CPA LYWOOD BLVD DOD, FL 33020	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 ar	d title if applicable. (NOTE, Register	ed Agent signature require	d when reinstating)	DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 #y 1, 2006 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution	·	.00 May Be ded to Fees		
10.	OFFICERS AND E	DIRECTORS	1			
NAME STREET ADDRESS	SILER, EDWARD J CPA 2419 HOLLYWOOD BLVD					
CITY-ST-ZIP	HOLLYWOOD, FL 33020	<u></u>	_	1	INAAAAS2	·6
TALE NAME				05/1	0/06-80032	6 :-024 150.08
STREET ADDRESS CITY-SY-ZIP			1			
TITLE NAME			1			
STREET ADDRESS				DO NO	T WRIT	'
TATLE		<u> </u>	1		S SPAC	
NAME STREET ADDRESS			1	114 1111	o oi Ao	<u>Lem</u>
CITY-ST-ZIP			-{			
NAME STREET ADDRESS						
CiTY-ST-ZIP					-	
TITLE NAME			1			
STREET ADDRESS CITY-ST-ZIP						
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 oath; that I am an officer or director of the corporation or the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 40 or Block 11 if changed, or one an attachment with an address, with all other like empowered.						
SIGNAT	TURE Slevans	11 an	resident	Χ_	4/21/06	920.9450