## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 31, 2006 08:00 AN DOCUMENT # P01000014468 **Secretary of State** LEA P.A. Principal Place of Business Mailing Address 330 CLEMATIS STREET 330 CLEMATIS STREET STE217 STE217 W PALM BCH, FL 33401 W PALM BCH, FL 33401 01202006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1075614 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANTHONY, LAURA DO NOT WRITE 330 CLEMATIS STREET #217 IN THIS SPACE WEST PALM BEACH, FL 33410 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, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ANTHONY, LAURA E STREET ADDRESS 330 CLEMATIS STREET #217 U00000409033 02/08/06-80084-003 150.00 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 eath; 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 SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

> Date Daytime Phone #