2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State 02-13-2006 90044 006 ***150.00

DOCUMENT # P01000024390 1. Entity Name LEVINGS HOLDINGS, INC.							02-13-2006	90044 0)6 ***15	0.00	
Principal Plac	e of Business	Mailing Address				1					
2727 NW 43 ST, STE 5-C GAINESVILLE, FL 32606		2727 NW 43 ST, STE 5-C Gainesville, FL 32606					•				
2. Principal Place of Business 5618 NW 43RD STREET		3. Mailing Address 5618 NW 43RD STREET									
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A	SUITE A			01252006	Chg-P	CR2E0	34 (11/05)		
City & State GAINESVILLE, FLORIDA		City & State GAINESVILLE, FLORIDA				4. FEI Number 59-3110				oplied For of Applicable	
Zip 32653	Country USA	Zip 32653	Count USA			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		Name		7. Name aπd /	Address of New R	egistered A	gent		
DOUGT	DDUOT OTEVEN E EGO					•					
BRUST, STEVEN E ESQ 50 N LAURA ST, STE 2200 JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)							
					City FL Zip Code						
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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE											
Signature, typed or printed name of registered agent and site it 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 Finan Trust Fund Contribution.					\$5. Add	00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS 1			· · · · · ·		ADDITIONS/C	HANGES TO OFFI	ICERS AND	DIRECTOR	S IN 11	
TITLE	P Delete			TITLE P NAME LEV		INCO NIDE	om e		Change	Addition	
NAME STREET ADDRESS	LEVINGS, ALBERT S 6109 NW 47 PL					INGS, ALBERT S. 67 SW 27TH AVENUE					
CITY-ST-ZIP		CITY			VESVILLE,						
TITLE	GAINESVILLE, FL 32653 CI D □ □ □ □ □ □ □ □ □ □ □		TITLE	E					☐ Change	☐ Addition	
NAME			NAM	E	-						
STREET ADDRESS	, '		B.	STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY	-ST-ZIP							
TITLE NAME		☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS	•			ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
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NAME			NAM	3							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
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STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP	<u> </u>						
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I neceby 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 NAMES - SIGNING OFFICER OR DIRECTOR