FILED Jan 27, 2006 08:00 AM Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P01000040503

1. Emity Nam JOHN L S	ne SULLIVAN, JR., P.A.						
Principal Place of Business 800 LAUREL OAK DRIVE, STE 303 NAPLES, FL 34108 Mailing Address 800 LAUREL OAK DRIVE, STE NAPLES, FL 34108			303				
E	OO NOT WRITE II	N THIS SPA	CE	01242006 4. FEI Number 59-3717	Na Chg-P	CR2E0	34 (11/05) Applied For Not Applicable \$8.75 Additional Fee Regulfred
800 LAUR NAPLES,	a named entity submits this statement for the ptions of registered agent.	-	ed office or register	IN T	NOT WITHIS SP	ACE	
Signature, typed or printed name of registered agent and title it applicable. (NOTE Registere FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		CATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME	OFFICERS AND DIRECT P SULLIVAN JR, JOHN L 800 LAUREL OAK DRIVE STE 303 NAPLES, FL 34108	CTORS			U00000 02/07/05-	406239 80079	5 -020 150.00

STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TSTS E IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP W.E NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not quality 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.

CITY-ST-ZIP