2006 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)				FILED
DOCUMENT # P01000045338				Secretary of State
DR. AIR, I	NC.			7,00
Principal Plac	e of Business	Mailing Address	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
12427 FLOF TAMPA FL 3	RIDA AVENUE 33612	12427 FLORIDA AVEN TAMPA FL 33612	IVE	
2. Principal Place of Business		3. Mailing Address		f regreget er geben und Balli matit 2200 2000 2020 1022 1022 102555 fr 1021.
Suite. Apt. #. etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3719283 Applied For Not Applied So
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
BUTLER, LAURA			Name	
124	27 FLORIDA AVE APA FL 33612		Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regist	lered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature type-1 or praited name of registered age	n and Tito if applicable (NOT	E. Registated Agent eignature requi	red when renslating) DATE
1	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0	0		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Checi	k Payable to Florida Department			
10.	OFFICERS ANI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
77TLE NAME	PSD BUTLER, AUSTIN E	☐ Defete	TITLE NAME	☐ Change ☐ Addition
STREET ADORESS	12427 FLORIDA AVENUE	••	STREET AODRESS	1100000419229 02/14/06-80039-083 158.75
CITY-ST-ZIP	TAMPA FL 33612		Coty-St-Zip	05/14/00 00000 000 100:10
THLE	VP	☐ Detete	Title	☐ Change ☐ Addition
NAME	BUTLER, LAURA		NAML	
STREET ADDRESS CITY-ST-ZIP	112427 FLORIDA AVENUE TAMPA FL 33612		STREET ADDRESS Chry-St-Zip	
THEE	TAIVII ATE SSUTE	☐ Delete	INILL	Change 13 Addition
NUME		∠1 Deide	NAME	E. J. Ordinal C. A. Passault
STREET ADDRESS			STREET ADDRESS	
City-St-Zip			CITY-ST-ZIP	
NAME		☐ Delele	TITLE NAME	☐ Change ☐ Addition
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NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
THEE	 	☐ Delete	TIFLE THE	☐ Change ☐ Addition
NAME		Li Delete	NAME.	El cuande (El Montino
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZE	<u> </u>		CITY-ST-ZIP	
12. I hereby indicated	certify that the information supplied video the control of the con	vith this filing does not qualify is true and that	for the exemptions containing signature shall have the	med in Section 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath, that I am an officer or director
t of the co	orporation or the receiver or trustee er ed, or on an attachment with an addr	apowered to execute this repo	nt as required by Chapter	607, Florida Statutes; and that my name appears in Block 10 or Block 11