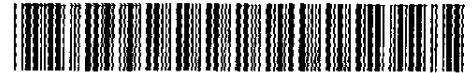


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)

4. FEI Number **62-1861163**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROUILLE, ALTON
28979 SUNDBERG ROAD
HILLIARD FL 32046

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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, obligations of registered agent.

Signature

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP ☐ Delete
TROUILLE, ALTON
28979 SUNDBERG ROAD
HILLIARD FL 32046

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

DV ☐ Delete
TROUILLE, STEVIE D
P.O. BOX 1641 SUNDBERG RD.
HILLIARD FL 32046

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

DST ☐ Delete
TROUILLE, TERRY P
28098 SHUTTER TRAIL SUNDBERG RD.
HILLIARD FL 32046

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information located 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 changed, or on an attachment to this report, with all other like empowered.

SIGNATURE:

Alton Trouille

1-18-06

(404)845-4472