## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # P01000059		4-28-2006 9	90160 031 :	***150.0	00				
Principal Place	a al Rueinaes	Mailing Address	<del>-</del>	401	PC100F					
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5609 US HWY 19 N 1200 S. PINELLAS AVE										
SUITE C		SUITE 14								
NEWPORT RI	CHEY, FL 34152	Tarpon Springs, FL 3	34689	1 18871684 197 8			**************************************	ICANO (1 18 NI		
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Principal Place of Business     Address     Address										
11345 Norvey Road										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04102006	Chg-P	CR2E034	4 (11/05)			
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City & Stat	e	City & State		4. FEI Number			Ар	plied For		
Spring	shill, Florida			59-3744	598		No	t Applicable		
Zip	Country	Zip	Country	5 Certificate o	f Status Desired	□ <b>\$</b>	8.75 Add	titional		
3460	Y USA			J. Certificate 0	Status Desired	□ F	ee Required	d		
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New	Registered Ag	gent			
			Name							
	SSO, MARY A									
5291 57TH	HAVE. NORTH		Street Addres	ss (P.O. Box Number	is Not Acceptat	ole)				
ST. PETER	RSBURG, FL 33709		<u> </u>		<del></del>	······································				
1			City			Fi	Zip Code	е		
						<u>FL</u>				
	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both	, in the State of F	Torida. I am (a	miliar with.	and accept		
the obligat	ions of registered agent.									
SIGNATURE_	Signature, typed or printed name of registered agent a	and title diagolicable (NGTE	Repusiered Agent signature ren	uired when reinstational		DATE				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signature requ	uired when reinstating)		DATE				
						DATE				
FIL	E NOW!!! FEE IS \$150.00	9. Election Campai	gn Financing	\$5.00 May Be		DATE				
FIL		9. Election Campai	gn Financing			DATE				
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees	CHANGES TO OF		DIRECTORS	S IN 11		
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12. Thereby 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 popurate 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.

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7279392674