## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

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6295 LAKE WORTH, FL 33463  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Sip  Country  Sip  Country  Signed Address  Name  AWAD, ABRAHAM 6295 LAKE WORTH RD.  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SignaTure:  FILE NOW!!! FEE Is \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  TITLE  NAME  BRAHAM, AWD  SIRET ADDRESS  CITY-ST-2P  Delete  NAME  SIRET ADDRESS  CITY-ST-2P  Change  Chan	1. Entity Nam	9	2556						7 026 ***1:	50.00
Suite, Apr. #, etc.  Suite, Ap	6295 LAKE WORTH RD.		6295 LAKE WORTH RD.							
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Addiffee Required  \$8.75 Addiffee Required  \$8.75 Addiffee Required  Name  Name  Street Address of New Registered Agent  City  FL  Zip Code  Ci	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Agent \$8.75 Agent \$8.75 Agent \$121257\$	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112006	Chg-P	ÇR2E	034 (11/05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  AWAD, ABRAHAM 6295 LAKE WORTH RD.  LAKE WORTH, FL 33463  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  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. I am familiar with, it the obligations of registered agent.  Signature:  Fill Now!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Added to Fees  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. STREET ADDRESS  CITY-ST-ZIP  BOYNTON BEACH, FL 33435  CITY-ST-ZIP  Delete. NAME  SIREET ADDRESS  CITY-ST-ZIP  Delete. NAME  CITY-ST-ZIP  CITY-	City & State			City & State		l			<del> </del>	plied For at Applicable
AWAD, ABRAHAM 6295 LAKE WORTH RD. LAKE WORTH, FL 33463  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. I am familiar with, at the obligations of registered agent.  SIGNATURE  Signature, hood or printed name of registered agent and title if expicuable. [NOTE: Registered Agent signature required when reinstauring)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS  TITLE NAME ABRAHAM, AWD STREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33435    Delete   TITLE NAME STREET ADDRESS CITY-ST-2P   Delete   TITLE NAME STREET ADDRESS	Zip			Country					Fee Require	
Street Address (P.O. Box Number is Not Acceptable)  City			Registered Agent	Name		7. Name and A	Address of New	Registered	Agent	
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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name or registered agent and state if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  Delete  TITLE NAME ABRAHAM, AWD STREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33435  TITLE NAME STREET ADDRESS CITY-ST-2P BOYNTON BEACH, FL 33435  TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME Delete NAME STREET ADDRESS CITY-ST-2P TITLE NAME Delete NAME STREET ADDRESS CITY-ST-2P TITLE NAME Delete NAME CITY-ST-2P TITLE NAME Delete NAME Delete TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME Delete TITLE NAME CITY-ST-2P Delete TITLE NAME DELET Change	6295 LAKE WORTH RD.			Street A	ddress (	P.O. Box Number	is Not Acceptab	ole)		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the info	FILL After M:  10.  11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550. OFFICERS AND PVP ABRAHAM, AWD 2304 SE 3RD ST	9. Election Campai Trust Fund Contr  Delete  Delete  Delete	gn Financing ribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	\$5. Add 5E0 FA 230	ADDITIONS/O	WAD RD GT	FICERS AN	Change  Change  Change	Addition  Addition

12. I nereby certify that the information supplied with this filling 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: V

GUATENE NO TYPED OR PRINTED NAME OF BORNING OFFICER OR DIRECTOR

4/15 - 6 ( ) Daytime Pho