2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 03, 2006 08:00 AM Secretary of State **DOCUMENT # P01000107134** 1. Entity Name FLO-RONKE, INC. Principal Place of Business Mailing Address 1513 EAST ELLICOTT STREET 1513 EAST ELLICOTT STREET TAMPA, FL 33610 TAMPA, FL 33610 04272006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3757029 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AKINTOLA, FLORENCE DO NOT WRITE 1613 PROWMORE DRIVE BRANDON, FL 33511 IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fidilda. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (MCITE: Flagistered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE 18 \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HAME AKINTOLA, FLORENCE U00000561064 1513 EAST ELLICOTT STREET 05/18/06-80065-013 150.00 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 MLE NAME STREET ADDRESS Ctty-St-Zip TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-77P IN THIS SPACE MLE NAME STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS CITY-ST-ZP HILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 inclicated 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 by gustee 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 you an address, with air lifer like empowered.

NATURE AND TYPED OXPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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