2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111756 FILED MATTHEW S. GROOM, C.P.A., P.A. 06 JAN -4 AM 10: 46 TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 273 PINEWOOD DR 273 PINEWOOD DR TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3756893 Applied For Not Applicable \$8.75 Additional -5. Certificate of Status Desired-• Fee Required 6. Name and Address of Current Registered Agent GROOM, MATTHEW S DO NOT WRITE 273 PINEWOOD DR TALLAHASSEE, FL 32303 IN THIS SPACE 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, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 700062641327 01/04/06--01031--013 **150.00 DΡ TITLE NAME GROOM, MATTHEW S STREET ADDRESS 273 PINEWOOD DR CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE GROOM, KAREN W STREET ADDRESS 273 PINEWOOD DR TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE MAME_ -STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Matthew S. from 1/3

850/222/2727