2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM Secretary of State

DOCUMENT # P01000116848 1. Entity Name STEVEN L. LAURENCE, P.A.				Se	ecretary of	f State -
Principal Place of Business 781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714		Mailing Address 781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 3				381 1883 BARRES BRANCO (S. AROS
	OO NOT WRITE 6. Name and Address of Current	(ČE	01042006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 80-0020419 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
781 DOUG	CE, STEVEN L GLAS AVE NTE SPRINGS, FL 32714		dinin legel, like we Kingda	T WRITE S SPACE		
signature.	e named entity submits this statement for tions of registered agent. Signature, typed or primed name of registered agent. E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	and tile 1 applicable. [NOTE: Registi	ancing\$5.		State of Florida. I am f	amillar with, and accep
10.	OFFICERS AND	DIRECTORS	Ran att			animatica munimaman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENCE, STEVEN L 781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 327					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		ou) (13/06-800) 	012 iso.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI		· · · · · · · · · · · · · · · · · · ·
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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 information indicated on this report or supplier and it 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 of truesee expowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 807 or an attachment with address, with all open like empowered.

SIGNATURE: .

name Street address

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00

407-862-2529

Daytime Phone #