2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 09, 2006 08:00 AF DOCUMENT # P02000003283 **Secretary of State** LINDA R. JOHNS, P.A. Principal Place of Business Mailing Address 6550 STATE RD, 13 N. 6550 STATE RD. 13 N. ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092 No Chg-P 02072006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0383729 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent JOHNS, LINDA R DO NOT WRITE 3426 STATE RD. 13 N. JACKSONVILLE, FL 32259 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. (NOTE. Registered Agent signature required when reinstating) Signsture, typed or printed name of registered agent and title if applicable \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 16. OFFICERS AND DIRECTORS TOLE JOHNS, LINDA R MARIE STREET ADDRESS 3426 STATE RD. 13 N. CITY-ST-ZIP JACKSONVILLE, FL 32259 100000425680 02/20/06-80011-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAMF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; 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 charged, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-70P

SIGNATURE: