2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP .

SIGNATURE:

FILED
May 19, 2006 08:00 A
Secretary of State

Daytime Phone #

	ANNUAL		Secretary of Sta				
DOCUI Entity Name J.M. REY	MENT # P02000009 Es, p.a.	895				secrei	ary of Sta
Principal Place 1647 MARINA KISSIMMEE, F	A LAKE DRIVE	Mailing Address 717 E. OAK STREET KISSIMMEE, FL 34744			II 881/2 NZII 881/1 621/1 82		
D	O NOT WRITE	IN THIS SPA	CE	03202006 4. FEI Numb 26-003		CR2E034	
Į.				5. Certificate	of Status Desired		8.75 Additional
6. Name and Address of Current Registered Agent REYES, JESUS M 1647 MARINA LAKE DRIVE KISSIMMEE, FL 34744					NOT W		
the obligati	named entity submits this statement for one of registered agent. Signature, typed or printed name of registered agent a	ond attent applicable (NOTE. Registe 9. Election Campaign Fina	red Agent signature required		oth, in the State of Fl	DATE	miliar with, and accept
10.	OFFICERŞ AND	DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPST REYES, JESUS M 1647 MARINA LAKE DRIVE KISSIMMEE, FL 34744				U0000 05/20/06	0565422 -80132-(019 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	∫`•			DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	·		- - 	IN	THIS SI	PACE	
NAME			1				

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 custee 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.

SIGNING OFFICER OR DIRECTOR