2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000010449 1. Entity Name



FILED Jan 10, 2006 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	4267 NW FEDERAL HWY SUITE 109 JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1062006 Chg.P CR2E034 (11/05) City & State Country Zip Country Experimental Country Country Experimental Country Experimen			
City & State City & State of Status Desired Superior Status Desired Agent Superior Status Desired Superior Status Desired Agent Superior Status Desired Agent Superior Address (P.O. Box Number is Not Acceptable) FL	2. Principal Place of Business 3. Mailing Address		
Zip Country Zip Country Sip S. Cervilicate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required 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 access the obligations of registered agent. 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 access the obligations of registered agent. 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 access the obligations of registered agent. 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 access the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing financing agent and the registered agent. 9. Election Campaign Financing and Added to Fees and Added to	Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-P CR2	2E034 (11/05)	
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Thereby betty 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 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: KULOUGOLOY K. U. KOUG

SIGNATURE AND TYPED OR PRINTED/NAME OF SIGNING OFFICER OR DIRECTOR

561-261-4970