2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P02000013 รื้ & co. inc	188			05-01-2006		17 ***150).00
Principal Place	e of Business	Mailing Address	•		400719	บบ		
C/O SOUTH BROWARD ACCOUNTING SERVICE INC 1152 N UNIVERSITY DRIVE STE 202 PEMBROKE PINES, FL 33024 C/O SOUTH BROWARD ACCOUNT 1152 N UNIVERSITY DRIVE STE PEMBROKE PINES, FL 33024								
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.		590 S, Cer Suite, Apt. #, etc.	tral Ave	04192006	Chg-P	CR2E03	34 (11/05)	
City & State	e	City & State		4. FEI Numbe				ofied For
しししし	Country	Apopha FL	Country	03-038	/46/		No: \$8.75 Add	Applicable
32703		32703 - 3206	Orang &	5. Certificate	of Status Desired		70.73 Add Fee Required	
	6. Name and Address of Current R	Registered Agent		7. Name and	Address of New	Registered A	gent	
CHEDIAK,	MIDTA		Name ·	Shaw	on R.	ProL	44:1	
1152 N UN				ss (P.O. Box Number		ole)	0	
SUITE 202	? (E PINES, FL 33024		24	0 S. C	entral	AUE		
PEIVIDRON	NE PINES, FL 33024		City				Zip Code	1
			POINT POP	Ka		FL	<u> </u>	<u>3 - 370</u>
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regi	istered agent, or bot	h, in the State of F	Florida. I am f	amiliar with,	and accept
-								
	Chaus D. Pry	1ht				ADR &	25,0	6
SIGNATURE	Spaces P. Pry Signature, typed or profiled name of registered agent a	MAY not late if applicable. (NOTE: F	Registered Agent signature red	quired when reinstating)		Apn d	25,0	<u> </u>
FIL	Sgnature, typed or printed name of registered agent at E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign	n Financing	space of the state		APR &	95,0	<u> </u>
FIL	E NOW!!! FEE IS \$150.00	S. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OF			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaign Trust Fund Contrib	n Financing pution.	\$5.00 May Be Added to Fees	CHANGES TO OF			
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12. 1 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: _

Apr 25.06

Daytime Phone #