2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 08, 2006 08:00 AM **Secretary of State DOCUMENT # P02000019361** JOSÉPH H. NALLEY, C.P.A., C.F.P., P.A. Principal Place of Business Mailing Address 114 PALMOLA ST. 114 PALMOLA ST. LAKELAND, FL 33803 LAKELAND, FL 33803 02232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3009695 Not Applicable \$8.75 Additional 5. Centificate of Status Desired 6. Name and Address of Current Registered Agent NALLEY, JOSEPH H DO NOT WRITE 114 PALMOLA ST. LAKELAND, FL 33803 IN THIS SPACE 3. 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 renstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NALLEY, JOSEPH H NAME 114 PALMOLA ST. STREET ADDRESS U000000458885 CNY-ST-ZIP LAKELAND, FL 33803 03/18/06-80003-025 150.00 HRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE 2117 -ST-21P IN THIS SPACE TITLE **የ**የዶስተር STREET ADDRESS CHTY-ST-ZIP TITLE NAME SIRELT ADDRESS CITY-57-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I lurther 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 path; 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:

NAME STREET ADDRESS

ER OR DIRECTOR

FILED