12006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AM Secretary of State

Daytime Phone #

1. Entity Name	MENT # P020000323 EANING, INC.	69 -		
Principal Place of Business Mailing Address 5921 BENT PINE DR., #508 5921 BENT PINE DR., ORLANDO, FL 32822 ORLANDO, FL 32822		5921 BENT PINE DR., #508		
D	O NOT WRITE 6. Name and Address of Current Re		ACE	04052006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Sa8-3642894 Not Applied For Selection Status Desired □ \$8.75 Additional Fee Required
ORTIZ, RAFAEL 5921 BENT PINE DR., #508 ORLANDO, FL 32822				DO NOT WRITE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OATE				
FIL After M	E NOW!!! FEE 1\$ \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution	nancing\$5	5.00 May Be ded to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D D ORTIZ, RAFAEL 5921 BENT PINE DR., #508 ORLANDO, FL 32822	RECTORS		U00000529616 05/05/06-80084-001 150.00
CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TYTE NAME STREET ADDRESS				
12. I hereby indicated of the corchanged	certify that the information supplied with to the transfer of the report or supplemental report is for poration or the receiver or trustee empore, or on an attachment with an address, with	nis tiling does not qualify for the rue and accurate and that my sig- rered to execute this report as re- th all other like empowered.	exemptions containe mature shall have the quired by Chapter 60	ed in Chapter 119, Florida Statutes. I further certily that the information is same legal effect as if made under cath, that I am an officer or director 77, Florida Statutes; and that my name appears in Block 10 or Block 11 if

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR