2006 FOR PROFIT CORPOR ANNUAL REPORT

ATION	FILED Jan 24, 2006 8:00 am
	Secretary of State
	01-24-2006 90018 008 ***150.00

DOCUMENT # P02000034727 RICHARD J. BERO, CPA, P.A. Principal Place of Business Mailing Address ~~~~33 2636 HIDDEN LAKE OR IN. 1727 SECOND STREET #3 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address 727 Second Street Suite, Apt. #, etc. 01142006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL. 27-0007793 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERO, RICHARD J CPA Street Address (P.O. Box Number is Not Acceptable) 1727 SECOND STREET **STE#3** SARASOTA, FL 34236 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD : ☐ Delete TITLE Change BERO, RICHARD J NAME NAME 1727 Second Street, #3 STREET ADDRESS 2030 THOOLIN LAKE OR NORTH APT 8 STREET ADDRESS Saracota, FL. 34236 CITY-ST-ZIP SARASOTA EL 34237 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

Sero

1/16/06

Daytime Phone #