

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90188 032 ***150.00

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04122006 Chg-P CR2E034 (11/05)

4. FEI Number **01-0688682** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUIN, PIERRE	
STREET ADDRESS	35-1 DE LAUZON	
CITY-ST-ZIP	BOUCHERVILL QC CANADA, j4b 1e7	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHLEIFER, JAMES	
STREET ADDRESS	1308 SOUTH WASHINGTON STREET	
CITY-ST-ZIP	TULLAHOMA, TN 37388	
TITLE	D	<input type="checkbox"/> Delete
NAME	KFLAND, RICHARD A	
STREET ADDRESS	5650 KEARNY MESA ROAD	
CITY-ST-ZIP	SAN DIEGO, CA 92111	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURLOCK, MARTIN	
STREET ADDRESS	5650 KEARNY MESA ROAD	
CITY-ST-ZIP	SAN DIEGO, CA 92111	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	WUNDERLIE, RICHARD	
STREET ADDRESS	5650 KEARNY MESA ROAD	
CITY-ST-ZIP	SAN DIEGO, CA 92111	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOESE, WILLIAM L	
STREET ADDRESS	9333 BALBOA AVENUE	
CITY-ST-ZIP	SAN DIEGO, CA 92123	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A EFLAND	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN D THOMAS	
STREET ADDRESS	9333 BALBOA AVENUE	
CITY-ST-ZIP	SAN DIEGO, CA. 92111	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. THOMAS
DIRECTOR

Date

4/12/06

Daytime Phone #