## FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90182 002 \*\*\*150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nar	MENT # P02000( CORPORATION	044166						
Principal Place of Business C/O GUY & YUDIN LLP 55 EAST OCEAN BLVD STUART, FL 34994		Mailing Address C/O GUY & YUDIN LLP 55 EAST OCEAN BLVD STUART, FL 34994			40054533			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042008	Chg-P	CR2E034 (11/05	5)
City & State		City & State			4. FEI Number 33-1008		<del>  -</del> -	Applied For
Zip	Country	Zip	Country			of Status Desired	S8.75 A	Not Applicable
	6. Name and Address of Cur	rent Registered Agent	Name		7. Name and	Address of New I	Registered Agent	
GUY, WILLIAM E JR C/O GUY & YUDIN LLP 55 EAST OCEAN BLVD STUART, FL 34994				est Address (P.O. Box Number is Not Acceptable)				
	named entity submits this stateme		City		<del></del>		FL Zip Co	
SIGNATURE_	Spinature, types or printed name of registered a  E NOW!!! FRE 18 \$150.00 by 1, 2006 Fee will be \$5!	gent and title of applicable. (N	OTE. Registered Agent egnetur Dalign Financing	e required v	when reinstabing;		DAYE	
10,		NO DIRECTORS	11.	Adde	d to Fees		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TERENCE C 19 WHITEHILL AVE. LUTON ENGLAND LU13SP,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	••	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Derece	TITLE NAME STREET ADDRESS CITY-ST-210				☐ Change	☐ Ackfrilgn
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗀 Deliete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Change	Addition
NAME STREET ADDRESS CITY-S1-S19		☐ Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	€ Addition
NAME STREET ADDRESS CITY-S1-ZIP		□ Deleta	TITLE NAME STREET ADDRESS CYTY- 5T- ZIP				☐ Change	Addition
changed o	rtify that the information supplied win this report or suppliemental report or suppliemental report or trustee are rion an attachment with an address	and the second second second second	kala sala kana ang a	er 607, F	lorida Statutes: a	and that my name	urther certify that the in th; that I am an officer appears in Block 10 or	tormation or director Block 11 it
SIGNATU	RE: /	R PRINTED NAME OF BIGHING OFFICER		•	STHMAR	CH 2006		i

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