2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Sacratary of State	
1. Entity Name	MENT # P0200005933	35		Secretary of State	
Principal Place of Business Mailing Address 123 N.W. 13TH ST 123 N.W. 13TH ST SUITE 21406 SUITE 21405 BOCA RATON, FL 33432 US BOCA RATON, FL 33432 BOCA RATON, FL 33432		is			
D	O NOT WRITE I		CE	05012006 No Chg-P CR2E034 (11/05) 4. FEI Number	
6. Name and Address of Current Registered Agent HELLER, STEVEN C 123 N.W. 13TH STREET SUITE 21406 BOCA RATON, FL 33432 6. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.			ed office or register	DO NOT WRITE IN THIS SPACE red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registere	d Agent signature required	s ween reinstating) DATE	
After Ma	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing _ \$5.	.00 May Be U00000559841 U05/18/06-80014-019 15000	
NAME {	P HELLER, STEVEN C 123 NW 13TH STREET, SUITE 21408 BOCA RATON, FL 33432				
TITLE NAME SIPEET ADDRESS CITY-ST-ZIP TITLE NAME SIFILI AUDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS					

12. Thereby 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:

TITLE NAME STREET ADDRESS

STEVEN C. THE CHILLY STEVEN C. THE CAP SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

5-1-06

521-715-4200

Daytime Plione #