

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061808

Entity Name: 51 PLUS. INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1554 KELLEY AVE.
KISSIMMEE, FL 34744

New Principal Place of Business:

1710 KELLEY AVE.
KISSIMMEE, FL 34744

Current Mailing Address:

1554 KELLEY AVE.
KISSIMMEE, FL 34744

New Mailing Address:

1710 KELLEY AVE.
KISSIMMEE, FL 34744

FEI Number: 03-0482141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTU, SHAUN P
2862 CYPRESSVIEW COURT
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANTU, SHAUN
Address: 2862 CYPRESSVIEW COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: CANTU, JAMIE
Address: 2862 CYPRESSVIEW COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: SMYTHE, DAVID B
Address: 1560 LORALYN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: SMYTHE, CLAUDIA
Address: 1560 LORALYN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA SMYTHE

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date