2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Principal Place of Business 4520 CAMINO REAL SARASOTA FL 34231  2. Principal Place of Business Suite, Apl. #, etc. Suite, Apl.	DOCUMENT # possessesses						FILED				
Principal Place of Business 4520 CAMINO REAL SARASOTA FL 34231  2. Principal Place of Business Sulfa, Apt. 8, etc. Sulfa, Apt. 8, etc. Sulfa, Apt. 8, etc. 1st MOORE CR2E034 (10/05)  City & State Country Zip Country 5. Certificate of Status Dearod 6. Name and Address of Current Registered Agent TURNER, JAMES L 200 S. ORANGE AVE SARASOTA FL 34236  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code 6. The above carned entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee Writi Bp \$550.00 Make Check Payable to Princip Department of State DART, THOMAS H STREET ADDRESS ONLY SULFA ADDRESS ONLY SULF ADDRESS ONLY SULF ADDRESS OF SARASOTA FL 34236  TILE DO COFFICERS AND DIRECTORS IN 1  TILE DART, THOMAS H STREET ADDRESS ONLY SULF ADDRESS OF SULF ADDRESS ONLY SULF A	1. Entity Nam	IAICIAI & LOSOSSOCORI	! <del>34</del>			Mar 20, 2006 08:00 AM					
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Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Agent Address (P.O. Box Number is Not Acceptable)  6. Title above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  6. Title above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  6. Title above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Poole of Florida P	Suite, Apt. #, etc.		Suite, Apt. #. etc.			1st N	MOORE (	CR2E034	(10/05)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  TURNER, JAMES L 200 S. ORANGE AVE. SARASOTA FL 34236  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 a the obligations of registered agent.  SIGNATURE  Signature. Synd or pricod name of registered agent and off of application (NOTE-Programor Agent signature required when remarking)  After May 1, 2006 Fee Writi Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  WAKE DART, THOMAS H  STREET ADDRESS  CITY-ST-ZIP SARASOTA FL 34236  TILE  VTSD  Delete  TILE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  VTSD  Delete  TILE  10. OFFICERS AND DIRECTORS IN 1  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  10. OFFICERS AND DIRECTORS IN 1  Delete  TILE  DART, THOMAS H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  DART, THOMAS H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  DART, THOMAS H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  DART, THOMAS H  DART, THOMAS H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  DART, THOMAS H  DART,	City & State		City & State			4. FEI Number	03-0470937			pplied Fo	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 use 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 Blor if changed, or on an attachment with an address, with all other like empowered.	indicated	de this report or supplemental report progration of the receiver of trustee er	t is true and accurate and that moowered to execute this reco	t my signature ort as required	shall have the	same legal effect a	as if made under c	oath, that I a	m an office	rordie	

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