2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR DESIGNING OFFICER OR DIRECTOR

FILED Jul 17, 2006 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE 4. FEI Number 4. FEI Number 5. Name and Address of Current Registered Agent CARMENATY, ANAJANYA SSPG 3WQ 35 T 3483 MIAMI, FL 33155 DO NOT WRITE IN THIS SPACE 6. The above named entity subtrest tris statement for the purpose of changing its registered office or registered agent, or born, in the State of Portida. I am familiar with, and accept the childpaces of registered agent. Fig. 100000570995 FILE NOWIII FEE IS \$150.00 Our by September 6, 2006 P. Election Campaign Financing Trust Fund Contribution 10. OFFICENS AND DIRECTORS 10. OFFICENS AND DIRECTORS OFFICENS AND DIRECTORS MAM. FE. 33155 DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE DO NOT WRITE IN THIS SPACE	8567 SW 24 ST #283	Address 8567 SW 24 ST #283 MIAMI, FL 33155			Secretary ()I Sta
CARMENATY, ANAJANYA 8567 SW 24 ST #283 MIAMI, FL 33155 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. 100,000570835				06132006 4. FEI Numb 56-229	No Chg-P	ied For
SIGNATURE Signature typed or pretend name of regatered agent and site if applicable. (MOTE: Registered Agent sugreture required when remarkating) FILE NOWIII FEE IS \$150.00 Due by September 6, 2008 OFFICERS AND DIRECTORS INC. OFFICERS AND DIRECTORS TOUR ST. ZIP INLE NAME NAME SIREE ADDRESS CITY-ST-ZIP INLE NAME NAME SIREE ADDRESS CITY-ST-ZIP INLE NAME NAME SIREE ADDRESS CITY-ST-ZIP INLE NAME NAME SIREE ADDRESS CITY-ST-ZIP INLE NAME SIREE ADDRESS CITY-ST-ZIP	CARMENATY, ANAJANYA 8567 SW 24 ST #283				•	
Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS IIILE DP CARMENATY, ANAJANYA SIREET ADDRESS 8567 SW 24 ST #283 MIAMI, FL 33155 TILE NAME SIREET ADDRESS CITY-S1-ZIP IIILE NAME SIREET ADDRESS CITY-S1-ZIP	the obligations of registered agent. U00000570895					
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					In accordance with s. 607.193(2)(b), F. corporation did not receive the prior no	S., the tice.
TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CTORS				
12. I hereby certify that the information supplied with this filling 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 of 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 a other like empowered. SIGNATURE:						