## 2006 FOR PROFIT CORPORATION

## **FILED**

Daytime Phone #

ANNUAL KEPUK I				Reb 09	9, 2006	08:00 A
DOCUMENT # P02000084218  1. Entity Name MAY A. OUANO, INC.					cretary (	
8731 MARTINIQYE LN. 6105	Address MAIN ST ORT RICHEY, FL 34653	US			W <b>er</b> an inw sing nath	
DO NOT WRITE IN		CE	01112006 4. FEI Number 55-079	No Chg-P	CR2E034 (11	/05)   Applied For   Not Applicable
6. Name and Address of Current Registered OUANO, MAY A 8731 MARTINIQUE LANE PORT RICHEY, FL 34668	Agent		_	NOT W		The second se
FILE MOTERN FEE 19 \$ 100.00	able. (NOTE Registered	d Agent signalure required		h, in the State of Fro	orida. I am familiar	with, and accept
After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE D  NAME OUANO, MAY A  STREET ADDRESS 8731 MARTINIQUE LANE CITY-ST-ZIP PORT RICHEY, FL 34668	Trust Fund Contribution.	∟ Add	ed to Fees		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				- 02\/20\/06- 000000	1425868 180011-005	150.00
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		·		- -		·
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling of indicated on this report or supplemental report is true and ac of the corporation or the requirer or trustee employered to changed, or on an attachment with an analysis, with all other	oes not qualify for the exe curate and that my signat cecute this report as requir **Ke Empowered.	mptions contained ure shall have the s ed by Chapter 607	in Chapter 119 ame legal effec Florida Statute	Florida Statutes, I as if made under o s; and that my name	further certify that aith; that I am an of appears in Block	the information ficer or director 10 or Block 11 if
	1 h			nlac		