


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000092544</b> 1. Entity Name <b>PEDROM NUGENT, INC.</b>	
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Principal Place of Business <b>9420 LAZY LANE, STE B14 TAMPA FL 33614</b>	Mailing Address <b>9420 LAZY LANE, STE B14 TAMPA FL 33614</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>NUGENT, PEDRO M 9420 LAZY LANE, STE B14 TAMPA FL 33614</b>	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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4. FEI Number <b>54-2072184</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>P NUGENT, PEDRO M 9420 LAZY LANE, STE B14 TAMPA FL 33614</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                             </td> </tr> </table>	<b>P NUGENT, PEDRO M 9420 LAZY LANE, STE B14 TAMPA FL 33614</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <b>U00000545041 05/11/06-80059-017 150.00</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add                             </td> </tr> <tr> <td style="height: 40px;"> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add                             </td> </tr> </table>	<b>U00000545041 05/11/06-80059-017 150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add		<input type="checkbox"/> Change <input type="checkbox"/> Add
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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 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:** Pedro M. Nugent **4-24-06** / (813) 933-298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #