2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2006 8:00 am Secretary of State

1	1. Entity Nam	MENT # P0200009 LDINGS, INC.	95771				04-06-2006)5 ***150).00
Principal Place of Business 103 COMMERCE ROAD BOYNTON BEACH, FL 33426				Mailing Address 103 COMMERCE ROAD BOYNTON BEACH, FL 33426		40	044829			
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03312006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Number 54-206				plied For at Applicable
	Zip	Country	Zip	Cour	ntry		of Status Desired		\$8.75 Add	
		6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New			
BUILLS TIMOTHY I					Name					
8	BULLIS, TIMOTHY J 8009 INAGUA LANE WELLINGTON, FL 33414					ess (P.O. Box Numb	er is Not Acceptat	ole)		
							_			
					City		.	FL	Zip Code	9
8	 The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent 						h, in the State of F	Florida. I am f	amiliar with,	and accept
	the obligations of registered agent.									
5	SIGNATURE.	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Register	ed Agent signature re	equired when reinstating)		DATE		
	FIL	E NOW!!! FEE IS \$150.00	- 9. Election	Campaign Fina	ncing	\$5.00 May Be			· - ·	
				ind Contribution.		111111111111111111111111111111111111111				
	Arter Ma	ay 1, 2006 Fee will be \$55	0.00 Trust Fu		_	Added to Fees				
	10.	ay 1, 2006 Fee will be \$55	ID DIRECTORS	11.			CHANGES TO OF	FICERS AND	DIRECTORS) IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 estpowered 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.

GNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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