2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		MNUA	-,								
1. Entity Nam	е	# P0200 ETRY, INC	0096273	·		0	FILE		9		
Principal Place 4233 CLARI SUITE 23 SARASOTA	K RD.		SUITE 23	4233 CLARK RD.		1 .	SECRETARY C				
2. Principal Pl	ace of Busines	s	3. Mailing Addres	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			d MOORE	CR2E034	(4/06)		
City & State	e		City & State	City & State			e 90-004610	8		plied For at Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate	of Status Desired		8.75 Add		
	6. Name a	nd Address o	Current Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				
				Name							
423	RDON, BO 3 CLARK			Street Address (P.O. Box Numbe	er is Not Acceptable)				
SUITE 23 SARASOTA FL 34233											
				C		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 accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature recurred when reinstating) DATE											
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.											
10.	A 6 C	OFFIC	ERS AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	IBECTORS	IN 11	
TITLE	Ď		De						Change	Addition	
NAME	GORDON, 1	ВОВ	_ <i>0</i> 6	NAME		90	100801	9318			
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TITLE			□ De	elete TITL	£		•		Change	Addition	
NAME				NAA	NAME				_ ,	_	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP						
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STREET ADDRESS CITY-ST-ZP				1	EET ADDRESS /-ST-ZIP	•					
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NAME				NAM	•			•			
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TITLE			□ De	elete TITO	£				Change	Addition	
NAME				NAM	AE .			ckel SE	_	2006	
STREET ADDRESS CITY+ST+ZIP				EET ADDRESS /-ST-ZIP		# BC 8	Prival DE		- 000		
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 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 occuproration 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 any address, with all other like empowered.											
SIGNATURE: March Signature and typed or printed name of signing officer or director 9, 19, 19, 19, 19, 19, 19, 19, 19, 19,											