2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

1. Entity Nan	MENT # P0200010125	9			secretary (n State
3640 SPYGI	ASS CT	eining Address 640 SPYGLASS CT PREEN COVE SPRINGS, FL	32043			
	OO NOT WRITE II	N THIS SP	ACE	01102006 N	lo Chg-P CR2E00	34 (11/05)
		and the second s	and the second s	51-042657 5. Certificate of Sta	navisad sud	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Regis	lered Agent				· · · · · · · · · · · · · · · · · · ·
THOMPSON, LEONARD 3640 SPYGLASS CT GREEN COVE SPRINGS, FL 32043			**************************************	and the second s	OT WRITE	
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	e named entity submits this statement for the pations of registered agent.	ourpose of changing its regi	istered office or register	ed agent, or both, in	the State of Florida. I am fa	amiliar with, and accept
SIGNATURE	Signature typed or printed name of registered agent and title	if applicable (NOTE, Reg	stered Agent signature required	f when reinstating)	DATE	
	E NOWIII FEE IS \$150,00 lay 1, 2006 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		.00 May Be led to Fees		
10.	OFFICERS AND DIREC	CTORS	_			
NAME STREET ADDRESS	THOMPSON, LEONARD 3640 SPYGLASS CT				- En	e engage
CITY-ST-ZIP TITLE NAME	GREEN COVE SPRINGS, FL 32043			ي ساد د	70000046237 13/21/06-80057	4 1 015 150.00
STREET ADDRESS GITY-ST-ZIP				.M.a. %	AND	
TITLE NAME STREET AODRESS				50 N	OT MOITE	
CHY-ST-ZIP			1	א טע	OT WRITE	
ISTLE		·····		IN TH	IC CDACE	
ISTLE NAME STREET ADDRESS CHY-SI-JIP				IN TH	IS SPACE	
NAME			_	IN TH	IS SPACE	
NAME STREET ADDRESS C)TY-ST-ZIP				IN TH	IS SPACE	

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.