2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCLIMENT # POSODO101638 A THE SEA



Suite, Apl. #, etc. 1st MOORE CR2E034 (10:052 \$8.75 Fee Req 7. Name and Address of New Registered Agent Name Name Name Name Name Suite Address (P.O. Box Number is Not Acceptable) Suite Address (P.O.	04-12-2006 90083 046 ***150.00		20	MENTS, INC.		1. Entity Nar
UNIT 103 LAKE MARY FL 32746 US Suite, Apt. #, etc. Suite, Apt. #, etc. Lake Mary FL 32746			Mailing Address	ess	cipal Place of Busines	Principal Pla
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Signature Sign	1st MOORE CR2E034 (10/05)	Suite, Apt. #, etc.		Suite, Apt. #, etc.		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address of P.O. Box Number is Not Acceptable 9. Election Campaign Financing 1. Address of The May Number of The Number	4. FEI Number 90-0052002 Applied For Not Applicable		City & State		ity & State	City & Sta
Name Signature PD	Country 5. Certificate of Status Desired \$8.75 Additional Fee Required	Country	Zip	Country	ip	Zip
KATZ, LAWRENCE H 341 N MAITLAND AVE, STE 120 MAITLAND FL 32751 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. 1 am familiar we need biligations of registered agent. SIGNATURE Signature Signat			Registered Agent	ne and Address of Current	6. Nami	
MAITLAND FL 32751 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. FL 32751 Signature Trends agent agent agent agent agent and the # replacative (NOTE: Registered Agent	IRVING KELMAN	II	20	RENCE H	KATZ, LAWI	KA [*]
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with cobligations of registered agent. SIGNATURE Signature Signature or present name of repailared agent and like if applicable (NOTE Registered Agent signature required when remaining) DATE	7.53 CREEKWATER TERRACE	7.53	20	FL 32751	MAITLAND I	MA
SIGNATURE Signature Signa	City FL Zip Code 2	E A I				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State: 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS TO OFFIC	g its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept	istered office or	or the purpose of changing its re	itity submits this statement for istered agent.	he above named enti le obligations of regis	8. The above the obliga
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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: \(\)