

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 MAY 30 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05222006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000102218						
1. Entity Name POTEUQ CORPORATION						
Principal Place of Business 8217 PINEHURST CIRCLE TAMPA, FL 33615			Mailing Address 8217 PINEHURST CIRCLE TAMPA, FL 33615			
2. Principal Place of Business 819 CEDAR KNOLL DR <small>Suite, Apt. #, etc.</small>		3. Mailing Address 819 CEDAR KNOLL DR <small>Suite, Apt. #, etc.</small>				
City & State LAKELAND FL		City & State LAKELAND FL		4. FEI Number 65-7551674		
Zip 33809		Country US		Applied For <input type="checkbox"/> Not Applicable		
Zip 33809		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRUCE, LEEROY 8217 PINEHURST CIRCLE TAMPA, FL 33615			7. Name and Address of New Registered Agent			
			Name EDDIE M. WILLIAMS			
			Street Address (P.O. Box Number is Not Acceptable) 819 CEDAR KNOLL DR.			
			City LAKELAND		State FL	Zip Code 33809
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			DATE 5/26/06			
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 300076155959 06/13/06--01037--022 **\$61.25			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, LEEROY 8217 PINEHURST CIRCLE TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WILLIAMS, EDDIE M. 819 CEDAR KNOLL DR. LAKELAND FL 33809		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, GREGORY M 6332 MOSSWOD DR. SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WILLIAMS, DENISE 819 CEDAR KNOLL DR LAKELAND FL 33809		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2C 6/7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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:			DATE: 5/26/06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			