2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000106661

1. Entity Name

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90351 013 ***150.00

Principal Place of Business 1106 SE 14TH ST CAPE CORAL, PL 33990 US 2. Principal Mass of Business Suite, April 4, etc. Suite, Apr	ROSEMARY HARRIS, INC.										
Suite ApJ 4, etc. Suite ApJ 5, etc. Suite ApJ 4, etc. City & State City & City & State	1106 SE 141	TH ST	1106 SE 14TH ST								
City & State City	2. Principal P	lace of Business	3. Mailing Address								
Country Coun	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-P	CR2E0)34 (11/05)			
S. Carrillace of Status Setting Fee Required	City & State		City & State			1			<u> </u>		
SOOM ACCUNTING & TAX SERVICE 12559 NEW BRITTANY BLVD 125 1	Zip	Country ·	Zip	Country	y	5. Certificate	of Status Desired				
SOOM ACCOUNTING & TAX SERVICE 12859 NOW ACCOUNTING & TAX SERVICE 12859 NEW BRITTANY BLVD PORT MYERS, FL 33907 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent. SIGNATURE Committee Committee	6. Name and Address of Current Registered Agent				Nama	7. Name and	Address of New I	Registered a	Agent		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Syndrous have a purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of the pa	FORTWITE	ENG, FL 3390/	•	• [-				
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After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	Signiture, typed or printed name of registered agent and lide if applicable. (NOTE Registered Agent signature required when reinstating). DATE										
TITLE	FILE NOW!!! FEE 13 \$130.00										
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		certify that the information supplied with	this filing does not qualify for			d in Chapter 11	P. Fiorida Statutes	i further cer	rtify that the in	nformation	

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my na changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR