## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SCHAPITE THE OF PRINTED HAME OF SIGNING OFFICER OR OFFICER

SIGNATURE:

## FILED May 01, 2006 08:00 AM Secretary of State

ANNVAL REPURI							Secretary of State				
DOCUMENT #P02000113425  1. Entity Name YLLACITO CORPORATION							Secr	etary	' 01 S	tate	
Principal Plac	ce of Busines	3	Mailing Address	Mailing Address		7					
3707 SW 97TH WAY			709 NW 84TH ST			l					
GAINESVILLE, FL 32608			GAINESVILLE, FL 32607			(					
Principal Place of Business     Suite, Apt. #, etc.			3. Mailing Address								
City & State			Suite, Apt. #, etc.  City & Stafe			03162006	Chg-P	CR2EU	34 (11/05)		
Zip Country		Zip Country			4. FEI Number 14-1860			130	opiled For of Applicable		
2.10	6. Name and Address of Curren			Cour	nry	<u> </u>	of Status Desired		\$8.75 Add Fee Require	ditional d	
	b. Name	and Address of Luffent	Kegistered Agent		Name	7. Name and	Address of New R	egistored A	gent		
YNIGO, P	. *		<u> </u>	DO Box Murchan	is Not Acceptable		<del></del>				
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					City			FL	Zip Cod	8	
* The shows	tion borner	usubmite this statement for	this purpose of changing its	ro alotae	of office as an electric	adamat ask of	- # - Ct-15 - 450-		1		
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 Spranure, typed or printed names of registered apent and title if applicable. (NOTE: Registered Apent signature required when reinstalting) OATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	SIN 11	
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12. I hereby c	ertify that the	Information supplied with I	his filing does not quality for	the exe	mptions contained	in Chapter 119, f	lorida Statutes. I fi	urther certif	y that the in	ronamon	
of the con changed,	poration or the or on an atta-	e receiver or mustee empor chment withlan address, w	his filing does not quality for rue and accurate and that m vered to execute this report a fith all other like empowered.	ıy sıgnatı as requir	ure snau have the s ed by Chapter 607,	ame regal effect a Florida Statutes;	is if made under of and that my name	am; mat i an appears in	n an officer o Block 10 or	or director Block 11 if	