2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2006 08:00 AM Secretary of State

1. Entity Nam	IMENT # P02000113587		Secretary of State
I '	Mailing Address		
C	OO NOT WRITE IN THIS SPAC	CE	02092006 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent			
2455 FALI	D, ROBERT P MOUTH ROAD D, FL 32751		DO NOT WRITE IN THIS SPACE
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			
Signature, typed or printed name of registered agent and time it applicable (NOTE. Registered Agent signature required when reinstading) DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees			
16. TITLE	OFFICERS AND DIRECTORS		
NAME	CLELAND, ROBERT P		
STREET ADDRESS CITY-ST-ZIP	2455 FALMOUTH ROAD MAITLAND, FL 32751		
TITLE NAME STREET ADDRESS CKTY-ST-ZIP			U0000433830 02/24/06-80033-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U2/24/06-80033-017 150.00 DO NOT WRITE
TITLE NAMC STREET ADDRESS CHY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Title Name Street address City-St-Zip			in Chapter 119 Florida Statutas I buther cartifu that the information

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.