2006 FOR PROFIT CORPORATION _ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P02000117712 1. Entity Name SLABBAGE GROUP L.L., INC.								01-23-2006 90045 048 ***150.00				
Principal Place of Business Mailing Address							\neg					
13155 N. INDIAN RIVER DRIVE SEBASTIAN, FL 32958				3155 N. INDIAN RIVE Ebastian, Fl. 32958								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			-	Suite, Apt. #, etc.				01192006	Chg-P	CR2E	034 (11/05)	
City & State			(City & State				4. FEI Numbe 74-3068			نحب استحما	oplied For ot Applicable
Zip	Country			Zip	Cour	try		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
HANLON, M TIMOTHY						Name Street Address (P.O. Box Number is Not Acceptable)						
PALM BEACH, FL 33480						Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY						
						SUITE	= -	# 321			Zip Cod	
						l ´				Fl	- '	i
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 title if applicable (NOTE Registered Agent signature required when renstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.								00 May Be d to Fees				
10. THTLE	OFFICERS AND DIRECTORS PDVP					-		ADDITIONS/	CHANGES TO OF	ICERS AN		
NAME	BIRT, ROGE	Delete	TITL NAM	- I					☐ Change	Addition Addition		
STREET ADDRESS Caty-St-Zip						ET ADDRESS -ST-ZIP						;
TITLE	2 0000					E					☐ Change	☐ Addition
NAME STREET ADDRESS	N. S					ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP				_		
TITLE NAME				☐ Delete	TITE						☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY+ST-ZIP						-ST-ZIP						
TITLE NAME				☐ Delete	TITL						☐ Change	Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					TITL	-ST-ZIP						- Address
NAME				☐ Delete	NAM						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	THTL						☐ Change	Addition
NAME CIPELL ADDRESS					NAM STR							
STREET ADDRESS CITY+ST-ZIP						ET ADDRESS -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 eath; that I am an officer or director of the corporation or the presence of the corporation o												