2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P02000133355 ALL BUSINESS PRINTING, INC. Principal Place of Business Mailing Address 196 BALFOUR DRIVE 459 PLUMHOLLOW LN MAITLAND, FL MIATLAND, FL 32751 03222006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1034685 Not Applicable \$8.75 Additional Fee Required Martin Committee Com 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent PRILL, LAWRENCE W **DO NOT WRITE** 459 PLUMHOLLOW LN MAITLAND, FL 32751 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. Aureure U. V INOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 1100000503382 04/26/06-80029-023 150.**00** Trust Fund Centribution. Added to Fees 10. OFFICERS AND DIRECTORS DILE PRILL, LAWRENCE W NAME 459 PLUMHOLLOW LN STREET ADDRESS CHTY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS C17Y-ST-27P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 cath; 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 anjuddress, with all other like empowered.

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED

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