## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2006 08:00 AN Secretary of State

Secretary of State  Secret		ANNUA	LKEPUKI		red u	1, 2006   08:00 A
Principal Place of Business  India SW 10TH ST  OCALA, FL 34474  2. Principal Place of Business  Suite, April 4 and.  Suite, April 4 and	1. Entity Nar	me				
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City & State  Number of Manus Desired  See Required  For Required  Repriled For Note Applicable  See Required  See Required  For Required  Repriled For Note Applicable  State Address of Current Registered Agent  Number of Note Address of New Registered Agent  Number of Note Address of New Registered Agent  Street Address (P.D. Bgs Number is Not Acceptable)  City FL Zipt Code  8. The above named entry submiss this statement for the purpose of changing is registered agent.  City FL Zipt Code  8. The above named entry submiss this statement for the purpose of changing is registered agent and adjustered agent.  City FL Zipt Code  8. The above named entry submiss this statement for the purpose of changing is registered agent and adjustered agent with, and accept the deligation of registered agent a	Suite, Apt. #, etc.		Suite, Apt. #, etc.			·
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Namo  Street Address (P.O. Bax Number is Not Acceptable)  City  FL  Zip Code  S. The above named only submits this statement for the purpose of changing its registered Agent respective displaces of registered agent, or both, in the State of Ricrida. I am familiar with, and accept the displaces of registered agent are the appropriate of Changing its registered Agent agent and supplied agent are supplied agent.  SIGNATURE  Square. Indeed agent are supplied agent and supplied agent are supplied with a statement for the purpose of changing its registered Agent agent Agent agent and supplied agent	City & State		City & State		4. FEI Number	
Ear Required  Since Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  BARRERA, CONSUELO 1503 SW 10TH ST  OCALA, FL 34474  City  City  FL Zip Code  8. The above named onity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rordes. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  FULL NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  AFT. Respects Agent speaks involved one fifteering  Addition Note:  BARRERA, CONSUELO  ARE REPORTED TO THE BARRERA, CONSUELO  ANE SHET ADDRESS TO DEPICERS AND DIRECTORS IN 11  THE DS  OCALA, FL 34474  OTY-ST-2P  OTH ST-2P  OCALA, FL 34474  OTH-ST-2P  OTH-ST-2P  OTH-ST-2P  OCALA, FL 34474  OTH-ST-2P  OTH-ST	Zip	Country	Zip	Country		\$9.75
BARRERA, CONSUELO 1503 SW 10TH ST OCALA, FL 34474  City FL Zip Code  The above hared only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent.  SIGNATURE Society the design of the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the collegations of registered agent, or both, in the State of Florida.  SIGNATURE		C. Non- and Address of Com-	10-16-16-	<u> </u>		Fee Required
BARRERA, CONSUELO  1503 SW 10TH ST  OCALA, FL 34474    City   FL   Zip Code	_ <del></del>	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New F	egistered Agent
City FL Zip Code  8. The above named energy 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 me obligations of registered agent.  SIGNATURE	1503 SW 10TH ST				s (P.O. Box Number is Not Acceptable	(e
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.  SIGNATURE    FILE NOWILL FEE IS \$150.00   P. Election Company and rive is applicable.   NOTE Registered Agent synative registered agent.	OCALA, F	L 34474				
the collegations of registered agent.  SIGNATURE    Signature, kyred or princed name of registered agent and the 3t applicable   PKOTE Registered Agent signature required when Ribitating)   DATE						FL
TILE NOWILL FLEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution.	8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Flo	orida. I am familiar with, and accept
After May 1, 2006 Fee will be \$350.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DP	SIGNATURE.		ent and tine if applicable (NOT	E. Registered Agent signature requi	red when felfistating)	DATE
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