## 2006 FOR PROFIT CORPORATION

## Apr 05, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P03000010995 INLAND FULTON, INC. Mailing Address Principal Place of Business 3125 JACKSON AVE. 3125 JACKSON AVE. MIAMI, FL 33133 MIAMI, FL 33133 03272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3679004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FULTON, STANLEY M DO NOT WRITE 3006 AVIAITION AVE IN THIS SPACE MIAMI, FL 33133 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. DATE Skinature, typed or printed name of registered agent and title \* applicable, [NOTE, Repisiered Agent signature required when remeating) U00000493596 04/20/06-80013-805 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 PSTD TITLE NAME **FULTON, STANELY** 3008 AVIATION AVE 3A STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 5151.5 PANTIN, MARIA 3125 JACKSON AVE STREET ADORESS CHY-ST-ZP MIAMI, FL 33133 71TE E STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 1333 2 STREET ADDRESS CITY-ST-ZIP une NAME STREET ADDRESS

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 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 five empowered.

SIGNATURE:

CITY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #