2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

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Street Address (P.O. Box Number is Not Acceptable)					Name	77 Number		ogisterea Agent		
ELTONA, FL 32738 City FL Zip Code 6. 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: Signature:										
R. 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 Symuth, head or printed reme at registered agent and life if acceptable RNOTE Registered Agent, sequeble required when remissing) DATE					Street Address (P.O. Box Number is Not Acceptable)					
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		ertify that the information supplied w	ith this filing does not qualify			1 in Chapter 110	Florida Statutos 1	further cortife that the in	formation	

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.

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