2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # P03000030425 GOUKASOV SERGEI P.A. Principal Place of Business Mailing Address 3880 N. A1A 3880 N. A1A APT. 104 APT. 104 FORT PIERCE, FL 34949 FORT PIERCE, FL 34949 No Chg-P 04072006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1874598 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOUKASOV, SERGEI DO NOT WRITE 3880 N. A1A **APT. 104** IN THIS SPACE FORT PIERCE, FL 34949 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 SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 000000S13183~M 9. Election Campaign Financing \$5.0004/98/06-80119-013 150.00^M FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GOUKASOV, SERGEI NAME STREET ADORESS 3880 N. A1A APT, 104 FORT PIERCE, FL 34949 CITY-ST-78 TITLE GOUKASOVA, ALLA NAME STREET ADDRESS 3880 N. A1A APT, 104 FORT PIERCE, FL 34949 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby 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

SIGNATURE: __

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #