~2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030894

1. Entity Name

FLORIDA CONNECTION HOLDINGS INC.



Principal Place of Business

Mailing Address

601 ELKCAM CIRCLE EAST SUITE は ほう MARCO ISLAND, FL 34145 601 ELKCAM CIRCLE EAST SUITE A 1 MARCO ISLAND, FL 34145

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90419 005 ***150.00

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DO NOT WRITE IN THIS SPACE

04102006 No Chg-P

CR2E034 (11/05)

4. FEI Number 58-2667345

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPTON, BARBARA 601 ELKCAM CIRCLE EAST SUITE ぬまり MARCO ISLAND, FL 34145

DO NOT WRITE 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.					
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
One was a primor rain of a registered agent and use in appealance. [ITOTE: negative or agent agreed elegated with registeregy]					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMPTON, BARBARA 601 ELKCAM CIRCLE EAST MARCO ISLAND, FL 34145				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAUBER, ROLAND 601 ELKCAM CIRCLE EAST MARCO ISLAND, FL 34145				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				
12. Thereby certify that the information supplied with this filing 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.					

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE:

Buden Capt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 239-389-196