## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

Mailing Address    Note	1. Entity Name	MENT # P03000037		)	04-17-2006	6 90333 029 *****1	.30.00		
#215 TAMPA, FL 33606  T	Principal Place	e of Business	Mailing Address		]	10000-			
TAMPA, FL 33606  2. Protocol Place of Bourless Side, Apil 4, etc. Spool W. Platt St. Spool W. Platt St. Side, Apil 4, etc. Spool W. Platt St. Spoo		HORATION STREET		REET					
Suite, Ap. 4, etc.  Suite,		33606							
Suite, Ap. 4, etc.  Suite,	2 Principal P	lace of Rusiness	3 Mailing Address						
See. 30.2	1200 L	W. Flatt St.				( <b>8   3   0</b>   18   1   <b>3   1</b>   1   3   1   1   1   1   1   1   1   1			
To May 1	Suite, Apt.		Suite, Apt. #, etc.		01232006	Chg-P	CR2E034 (11/05)		
20 33.00	City & State Tanpa, FL							<del></del>	
Name and Address of Name registered Agent    Name   Name and Address of Name registered Agent			33600 Country		5. Certificate of	of Status Desired			
HOLLER, ERIC J PRESIDE 1000 WEST HORATION STREET #215 TAMPA, FL 33606  Cry FL Zip Code  6. The above named soft submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the noting attention obligations of pressures or pressures or registered agent.  SIGNATURE:  STREAM AND THE STATE ADDITIONS THE STATE OF T		<u> </u>	legistered Agent	Nome	7. Name and	Address of New R			
#215 TAMPA, FL 33606  City FL Zip Code  8. The above named yelly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I run familiar with, and accept the ortigitations of yelly and agent.  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FILE NOWIII FEE IS \$150.00  FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$150.00  FILE NOWIII FEE IS \$									
En Le bove named goffs subsitis his 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 professional agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00  B. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  OFFICERS AND DIRECTORS  ITILE  OFFICERS AND DIRECTORS  ITILE  OFFICERS AND DIRECTORS IN 11.  OFFICERS AND DIRECTORS IN 11.  ITILE  OFFICERS AND DIRECTORS IN 11.  OFFICERS AND DIRECTORS IN 1				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named grify's obmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations and officine agent, or both, in the State of Florida. I sen familiar with, and accept the obligations and officine agent of the registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations and officine agents of the registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations and officine agents of the registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations and officine or registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations and officine or registered agent, or both, in the State of Florida. I sen familiar with, and accept the obligations and obligations are guited by Chapter 60°, Florida Statues, Author cariffy that the information approve and accounts are agreed and that my name appears in Block 10 or Block 11 life changed or on an attachment with any and obligations are quited by Chapter 60°, Florida Statues, and that my name appears in Block 10 or Block 11 life changed or on an attachment with any and obligations.	TAMPA, FL 33606			0.1				1.	
THE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Addition Single Addition  Addition Single Addition  Addition Single Addition  Addition Single Addition							r L		
FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    ITILE	SIGNATURE 1772 1772 1772 1772 1772 1772 1772 177								
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   D									
TITLE MAME	After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees								
NAME SIREET ADDRESS CITY-ST-2P TITLE NAME NAME SIREET ADDRESS CITY-ST-2P TI		<del>,</del>			ADDITIONS/	CHANGES TO OFF			
CITY-SI-2IP  TAMPA, FL 33606  CITY-SI-2IP  TITLE  Delete  TITLE  STREET ADDRESS CITY-SI-2IP  TITLE  NAME STREET ADDRESS CITY-SI-2IP  TITLE STREET ADDRESS CITY-SI-2IP  TITLE STREET ADDRESS CITY-SI-2IP  TITLE		i -	i Delete	l )			والمساور لي		
NAME SIRET ADDRESS CITY-ST-ZIP    Delete							ļ		
SIREET ADDRESS CITY-ST-ZIP  IIILE   Delete	TITLE		☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP  ITILE    Delete   TITLE   AMME   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    ITILE   Delete   TITLE   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    ITILE   Delete   TITLE   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    ITILE   Delete   TITLE   AMME   STREET ADDRESS   CITY-ST-ZIP    ITILE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   C									
NAME SIRET ADDRESS CITY-ST-ZIP  INTLE   Delete   ITILE   MAME SIRET ADDRESS   CITY-ST-ZIP  INTLE   Delete   MAME   MAME SIRET ADDRESS   CITY-ST-ZIP  INTLE   Delete   MAME									
STREET ADDRESS CITY-S1-ZIP  INTLE IN			☐ Delete				☐ Change	☐ Addition	
INTLE NAME STREET ADDRESS CITY-S1-ZIP  INTLE NAME STREET									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO belete To belete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO belete TITLE					<u>.</u>				
STREET ADDRESS CITY-S1-ZIP  ITILE NAME STREET ADDRESS CIT			Delete				☐ Change	Addition	
INILE NAME SIREET ADDRESS CITY-ST-ZIP  INLE NAME STREET ADDRESS CITY-ST-ZIP  INLE NAME STREET ADDRESS CITY-ST-ZIP  INLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with his filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 trusted impowered 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 a laddress, with all other like empowered.  SIGNATURE:    Change									
NAME SIREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  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 reports 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 impowered 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 pragatives, with all other like empowered.  SIGNATURE:    NAME	CITY-ST-ZIP			CITY-ST-ZIP					
SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 pragadiress, with all other like empowered.  SIGNATURE:  S			☐ Delete				☐ Change	☐ Addition	
ITILE  NAME  STREET ADDRESS  CITY- ST- ZIP  12. I hereby certify that the information supplied with his filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 trusted impowered 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 a rapidless, with all other like empowered.  SIGNATURE:    Change								!	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with his 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 reports 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 impowered 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:  Y12 2006  813-253-2050									
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 impowered 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 pragadiess, with all other like empowered.  SIGNATURE:  SIGNATURE:  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee impowered.  SIGNATURE:  SIGNATURE:			∟ Delete				☐ Change	Addition	
12. I hereby certify that the information supplied with his 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 reports 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 a rapidless, with all other like empowered.  SIGNATURE:				STREET ADDRESS					
indicated on this report or supplemental reports 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 impowered 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:  Y 12 2006  813-253-2050				L		Electric Charles			
SIGNATURE: 4 12 2006 813-253-2050	indicated of the cor	t on this report or supplemental report is rporation or the receiver or trustee impo	true and accurate and that my owered to execute this report as	signature shall have th	e same legal effec	t as if made under	oath; that I am an office	er or director	
					ا، ،	12 2 ami	617 057-	2050	
	SIGNAT	TURE: AGUATURE AND TYPED OR P		DIRECTOR	٩)	Date			