## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2006 8:00 am Secretary of State 05-05-2006 90161 011 \*\*\*150.00

DOCU  1. Entity Nar	IMENT # P03000039	958 :				05-05-2006	5 90161 01	1 ***150	0.00
RASP, IN		;							
	ce of Business	Mailing Address			40	085540			
3675 S TRO MERRITT ISI	PPICAL TR LAND, FL 32952 US	3675 S TROPICAL TR MERRITT ISLAND, FL 32	952 US			•			
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2. Principal I									
			E MAN COWY		118814614	i sajes kili saik sem i	## Till ## ## Till ## 11	IXII BBIBI BIIDA IX	7   E21    1041
	#304	Suite, Apt. #, etc. #304			03012006	Chg-P	CR2E0	34 (11/05)	
City & Sta		COCOA BEACH	, FL		4. FEI Numb	_			pplied For lot Applicable
<sup>zip</sup> 293	<u> </u>	2002 I	Country			of Status Desired		\$8.75 Ad	Iditional
20010	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New	Registered	Fee Require	ed
SDDAMIS	S, LESLIE S		Name					<del>.</del>	
3675 S TF	Street Address (P.O. Box Number is Not Acceptable) 420 MUDRE PARK LN # 202								
MERRITT	ISLAND, FL 32952		4	<u> </u>	IUDIT I	HAN HY	# 202	<b>-</b>	
			City	1600	10 J	ALLO	FL	Zip-Coc	20
8. The above	named entity submits this statement for t	the purpose of changing its re			TT_ISL			familiar with	and accept
the obliga	tions of registered agent.	- September 1980	· • · · · · · · · · · · · · · · · · · ·		,		The state of the s	Tarring	, 4110 4000
SIGNATURE.		AND A STATE OF THE					<del></del>		
	Signature, typed or printed name of registered agent and	a title it applicable. (NOTE: F	Reg-stered Agent signal	ure required v	when reinstating)	· · · · · ·	DATE		-
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign	n Financing	\$5.0	00 May Be		DATE		
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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: Les D. Spraws Les I. Spraws 4/10/06 321501893