Secretary of Sta         OP DO NOT WRITE IN THIS SPACE         DO NOT WRITE IN THIS SPACE         O 1042006 No Chp-P       CR2E334 (11/05)         A Secretary of Sta         O 1042006 No Chp-P       CR2E334 (11/05)         A Secretary of Sta         O 1042006 No Chp-P       CR2E334 (11/05)         A Secretary of Sta         O 1042006 No Chp-P       CR2E334 (11/05)         A Secretary of Sta         O 1042006 No Chp-P       CR2E334 (11/05)         A Secretary of Sta         O Chp-Chaptary of Paratary of Pa	2006 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Jan 30, 2006 08:00 AI	
S21 UMATILLA BUYD. UMATILLA, FL 32784       PO DX 1358 UMATILLA, FL 32784         DO NOT WRITE IN THIS SPACE       01042000       No Chg-P       GR2E034 (11/05)         4. Harre and Address of Current Registered Agent       01042000       No Chg-P       GR2E034 (11/05)         4. Harre and Address of Current Registered Agent       10042000       No Chg-P       GR2E034 (11/05)         4. Harre and Address of Current Registered Agent	1. Entity Nar	ne	2997		Secretary of State	
DO NOT WRITE IN THIS SPACE       01042008       No Chg-P       CR2E034 (11/05)         4. FEI Number       4. FEI Number       4. FEI Number       4. FEI Number         5. Name and Address of Current Registered Agent       9. FEI Number       5. Second       1. FEI Number         5. UMATILLA BLVD.       PO 1358       -       DO NOT WRITE       5. To Additional Fee Regulated         S. The above named ently submits this statement for the purpose of changing its registered office or registered agent.       -       DO NOT WRITE         SIGNATURE       -       OTHE Registered Agent System       OTHE Registered office or registered agent.       DATE         SIGNATURE       -       -       DO NOT WRITE       DATE         SIGNATURE       -       -       DOTHE Registered Agent System Agent System Registered agent.       DATE         SIGNATURE       -       -       -       -       -         Control Contres       -         VILL	521 UMATIL	LA BLVD.	PO BOX 1358	<u>.</u>	A A THE REPORT OF A CONTRACT AND A THE ATTEMPT AND A THE ATTEMPT AND A THE ATTEMPT AND A THE ATTEMPT AND A THE AT	
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521 UMATILLA BLVD.       PO NOT WRITE         P0 1358       IN THIS SPACE         IN THIS SPACE       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. Lam familiar with, and ac the obligations of registered agent.       (MOTE Registered Agent dyname required wash referetance)         SIGNATURE       Equation type of printed name of registered agent and the Lappface.       (MOTE Registered Agent dyname required wash referetance)       DATE         After May 1, 2006 Fee will be \$550.00       9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees       Added to Fees         10.       OFFICERS AND DIRECTORS       IIII       UD00000407618       02/08//06-80029-001 150.00         1111       VD       VULBURN, GERALDINE R       E21 UMATILLA BLVD.       IIIIII       02/08//06-80029-001 150.00         STRET ADDRESS       521 UMATILLA BLVD.       IIIIIII       DO NOT WRITE         ITILE       VD       UMATILL, FL 32784       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		6. Name and Address of Current	Registered Agent		5 Certificate of Status Desired S8.75 Additional	
the obligations of registered agent.         SIGNATURE         Bignature, typed or privided name of registered agent and the it application.         (NOTE. Registered Agent signature required wran infinating)         DATE         SIGNATURE         FILE NOWILI FEE IS \$150.00         After May 1, 2006 Fee will be \$550.00         10. OFFICERS AND DIRECTORS         INDEDDD9407618         OFFICERS AND DIRECTORS         S100 May Be         Added to Fees         INDEDDD9407618         OC VO         VO         MUBURN, GERALDINE R         S21 UMATILL, FL 32784         INDEDD9407618         OC NOT WRITE         INTE         NMME         STRET ADDRESS         ON NOT WRITE         INTE         INTE         INTE         INTE         INTE         INTE         INTE         INTE         INTE<	521 UMAT PO 1358	İLLA BLVD.			······································	
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<ul> <li>TITLE NAME</li> <li>STREET ADDRESS</li> <li>CITY-ST-ZIP</li> <li>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 direct 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 changed, or on an attacpment with an address, with all other like empowered.</li> </ul>	NAME Street adoress City-St-Zip				· .	