2006 FOR PROFIT CORPORATION

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

 ANNUAL	REPORT	•

1. Entity Nam	MENT # P030000464					. y U1 Sta 1003 019 ***150.	
	I ROAD NORTH	Mailing Address 12335 76TH ROAD NORTH WEST PALM BEACH, FL 334	112 US	:			
1129 K	and Waler Baarb Wille	. Mailing Address 1129 Royal Pale	u Beach B	lyd IIII			
Suite Apt.	*. ⁷ 7a	Suite, Apt. #, etc.	A	02142006	Chg-P	CR2E034 (11/05)	•
ROYA!	Palm Beach FL		beach Fe	4. FEI Number 73-166			oplied For of Applicable
3341	I WSA	33411 °	US A	5. Certificate	of Status Desired	□ \$8.75 Add Fee Required	
-	6. Name and Address of Current Reg	istered Agent	Name	7. Name and	Address of New Re	gistered Agent	
CHASE, JI	EAN A 'H ROAD NORTH		Street Addres	P.Q. Box Mumb	e) is Not Acceptable)	10 do Q 11	4
	LM BEACH; FL 33412		Quita	royal 1	auni de	acri bive	<i>3</i>
			Phillip	Palina	Beach	FL ^z 33	411
	named entity submits this statement for the	purpose of changing its regis	stered office of regis	stered agent, or bo		<u> </u>	and accept
SIGNATURE	ions of registered agent.						•
	Signature, typed or printed name of registered agent and til	tie if applicable. (NOTE: Regis	stered Agent signature requ	ared when reinstaling)		DATE	•
FIL	Signature, typed or printed name of registered agent and to E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution	nancing\$	55.00 May Be added to Fees		DATE	· · · · · · · · · · · · · · · · · · ·
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIR	9. Election Campaign Find Trust Fund Contribution ECTORS 1	nancing \$	55.00 May Be dded to Fees	CHANGES TO OFFIC	CERS AND DIRECTORS	
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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 it changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASUREN

2/10/06

561791885

Date