2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000047018 FILED 06 JUL 27 PM 4: 10 ARNOLD L. FIGUEROA, P.A. SEUNETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1172 E VINE STREET 1172 E VINE STREET KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 CR2E034 (11/05) Cha-P 4. FEI Number Applied For City & State City & State 83-0355355 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIGUEROA, ARNOLD L Street Address (P.O. Box Number is Not Acceptable) 1172 E VINE STREET KISSIMMEE, FL 34744 City Zip Code FL 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, typnd or printed name of registered agent and title 4 applicable (NOTE: Recistrered Agent signature reducted when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD Delete TITLE TITLE ☐ Change ☐ Addition FIGUOROA, ARNOLD L NAME NAME 1172 E VINE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP Delete IILE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITE F ☐ Defete TITLE ☐ Change Addition HASEF KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental tepor is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attact intent with an agriculture like empowered. SIGNATURE: (4-25-04 407-944-44-01

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ATTACHMENT

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Florida Department of State Division of Corporations P.O. Box 1500

Tallahassee, Fl 32302

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Arnold L Figueroa, P.A.

July 24th, 2006

Dear: Sir/Madam:

In regards to the above Corporation of reference, I would like to inform of the following:

On April 28, 2006 I mailed the Annual Report with check number 147 dated April 25, 2006. The report was later returned because the postage was short 2 cents. I had attached a 2 cents stamp but it fell off in the handling of the mail.

A few days later after mailing the report I left for South Texas and Mexico to receive cancer treatment and was away from my office for over two months.

I returned last week to Florida and I have received the notice of Intent to Dissolve the Corporation

I have attached the original envelope that I used to mail my report in April, showing that it was returned by the Post Office for the reason I have indicated.

I mailed the report early; however because of my absence from Florida I was not able to mail it back with the correct postage amount.

If you have any questions, please call me at 407 709 4196, and if you need any evidence regarding my medical condition, I will be more than happy to send it to you.

I will greatly appreciate your prompt attention to this matter, and please accept my late filing of this Annual report without the penalty of \$550.00

Than you,

Arnaldo Figueroa