2006 FOR PROFIT CORPORATION

FILED Mar 28, 2006 08:00 AM

ANNUAL REPORT				Carratary of State		
1. Entity Nam	MENT # P030000548	67			Secre	tary of State
Principal Place of Business 222 S PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789 Mailing Address 222 S PENNSYLVANIA AVE STE WINTER PARK, FL 32789 WINTER PARK, FL 32789			E 200			SI ERMSI DASI TUDSI INDIE EMB KENINGA ILIEBI
D	O NOT WRITE	CE	01052006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied For S8-2670391 5. Certificate of Status Desired S8.75 Additional Fee Regulared			
	6. Name and Address of Current Reg	istered Agent	1			
SALTSMAN, ROBERT P 222 S PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789					NOT W	
		er en en <u>desir is</u>	<u> </u>			
The above the obligat	named entity submits this statement for the flons of registered agent.	purpose of changing its register i	ed office or registe	red agent, or bo	ith, in the State of Fig	orida. I am familiar with, and accep
_	••	à :				
SIGNATURE_	Signature, typed or printed name of registered agent and fi	is it applicable (NOTE Registere	reriupes studengle (nega be	when reinstating)		DATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIR	ECTOR\$	1		·	
title name street address city-s1-z1p	D TEDROW, CARLA K 222 S PENNSYLVANIA AVE STE 20 WINTER PARK, FL 32789	oo			ነ ዜጎናገና ድግስ	MOSSER
Title Name Street Address City-Si-Zip					04/11/06)483266 -80112-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE
TITLE NAME SIREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information-sopplied 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 supplymental report is true and accurate and that my signature shall have the same legal effect as it made under cells; 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 any address, with all other like empowered.

TITLE NAME STREET ADDRESS

SIGNATURE: _

TURBAND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #