


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 FEB 17 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000065181		
1. Entity Name SWIFTY STARS, INC. #1		

Principal Place of Business 4550 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	Mailing Address 4550 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303
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2. Principal Place of Business 4550 Capital Circle NW	3. Mailing Address 2815 Kilkierane Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32303	Zip 32303
Country Leon	Country Leon

6. Name and Address of Current Registered Agent CHEICK-KHALIL, AL 2815 KILKIERANE DRIVE TALLAHASSEE, FL 32309	
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02172006 Chg-P CR2E034 (11/05)

4. FEI Number 13-4255192	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name AL CHEICK-KHALIL	
Street Address (P.O. Box Number is Not Acceptable) 2815 Kilkierane Dr.	
City Tallahassee	Zip Code 32309

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEICK-KHALIL, AL 2815 KILKIERANE DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500066390615 02/22/06--01036--011 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AL HELOW, MUHAMMED F 4550 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 2/17/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/17/06  
Daytime Phone #