

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094244

Entity Name: BORO INC.

FILED  
Feb 01, 2006  
Secretary of State

## Current Principal Place of Business:

5436 FRUITVILLE RD  
SARASOTA, FL 34232

## New Principal Place of Business:

ASHTON COMMERCE CENTER  
4582 ASHTON ROAD  
SARASOTA, FL 34233

## Current Mailing Address:

5436 FRUITVILLE RD  
SARASOTA, FL 34232

## New Mailing Address:

ASHTON COMMERCE CENTER  
4582 ASHTON ROAD  
SARASOTA, FL 34233

FEI Number: 80-0074952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIES, KATHRYN M  
5436 FRUITVILLE RD  
SARASOTA, FL 34232 US

## Name and Address of New Registered Agent:

DAVIES, KATHRYN M  
ASHTON CEMMERCE CENTER  
4582 ASHTON ROAD  
SARASOTA, FL 34233 US

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.

SIGNATURE:

02/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIES, KATHRYN M  
Address: 5436 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34232

Title: V ( ) Delete  
Name: DAVIES, GEMMA  
Address: 5436 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34232

Title: C ( ) Delete  
Name: DAVIES, RALPH  
Address: 5436 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DAVIES, KATHRYN M  
Address: 4582 ASHTON ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: V (X) Change ( ) Addition  
Name: DAVIES, GEMMA  
Address: 4582 ASHTON ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: C (X) Change ( ) Addition  
Name: DAVIES, RALPH  
Address: 4582 ASHTON ROAD  
City-St-Zip: SARASOTA, FL 3433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH DAVIES

C

02/01/2006

Electronic Signature of Signing Officer or Director

Date