2006 FOR PROFIT CORPORATION

Mar 06, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P03000096619 TIMOTHY J. NUSSER, P.A. Principal Place of Business Mailing Address 1318 E CERVANTES ST 1318 E CERVANTES ST PENSACOLA, FL 32501 PENSACOLA, FL 32501 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0187812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NUSSER, TIMOTHY J 1318 E CERVANTES ST DO NOT WRITE PENSACOLA, FL 32501 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NUSSER, TIMOTHY J NAME STREET ADDRESS 1318 E CERVANTES ST CITY-ST-ZIP PENSACOLA, FL 32501 1100000456995 03/16/06-80051-015 150.00 1177 F NAME STREET ADDRESS CITY-ST-ZIP NAME STITEET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 firstee 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 withfail address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY -ST-ZIP

NAME STREET ADDRESS CITY-ST-71F

FILED