## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145  City FL Zip Code 7. Street Address (P.O. Box Number is Not Acceptable)  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 the obligations of registered agent.  SIGNATURE Suprature, types or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 0. ATE  FILE NOW!!! FEE IS \$150.00 Interest Fund Contribution. Address for OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134	ed For pplicable
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes.	☐ 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 trusteel 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 or block 10 or Block 11 if

SIGNATURE:

Thomas J. LUKE 4

4/25/06 239.390.099