## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/p   Country   Z/p   Country   S. Certificate of Status Desired   \$8.75 Acctual   \$9.75 Acc		ANIOA	LKEFOKI							
## ADD INKWOOD LANE TALLAHASSEE, FL 32310  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Coy & State  Country  To Box Number is Not Acceptable)  To Determined entity submits the statement for the purpose of changing its registered algorit, or both, in the State of Florida. I cam familiar with, and the abligations of registered algorit.  To Determined entity submits the statement for the purpose of changing its registered office or registered algorit, or both, in the State of Florida. I cam familiar with, and the abligations of registered algorit.  To Determine the abligations of Princips and Determine the Abstract and Determine the Abo	1. Entity Nam	е								
Suite, Apl. #, etc.    Suite, Apl. #, etc.   Suite, Apl. #, etc.   Soite, Apl. #, etc.   Soite, Apl. #, etc.   Soite, Apl. #, etc.   A. FEI Number   45-0525618   Name and Address of Current Registered Agent   A. FEI Number   45-0525618   Name and Address of Current Registered Agent   A. FEI Number   45-0525618   Name and Address of Current Registered Agent   A. FEI Number   As Conflicted of Status Desired   Sea. 75-0525618   Name and Address of New Registered Agent   A. FEI Number   As Conflicted of Status Desired   Sea. 75-0525618   Name and Address of New Registered Agent   A. FEI Number   A. Fei Number   As Conflicted   Sea. 75-0525618   Name and Address of New Registered Agent   A. FEI Number   A. Fei Num	400 INKWOO	D LANE	400 INKWOOD LANE	310			1 <b>22</b> 162 11111 22111 22111	<b>8:8) (1881) (1892) 4</b> 111		118 BR 11 1 <b>78</b> 1
City & State  Country  S. Conflictant of Status Desired  Respectively  Feet Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  That LAHASSEE, PL 32310  Signature need or prised have or registered agent, or both, in the State of Fibrida. I am familiar with, and the obligations of registered agent.  Signature need or prised have or registered agent.  Signature need or prised have or registered agent.  Signature need or prised have or registered agent.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INC.  SIRRE ADDRESS  OTF 51-2P  OR SIRRE ADDRESS  OTF 51-2P  OTHER	Principal Place of Business     Address     Address									
AS-0525618   Name   S8.75 Acotal	Suite, Apt. #, etc.		Suite, Apt. #, etc.			05102006	Chg-P	CR2E03	14 (11/05)	
8. Name and Address of Current Registered Agent  PRYANT, CHARLOTTE 400 INKWOOD LANE TALLAHASSEE, FL 32310  City  City  FL  Zip Code  8. The above named antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamifar with, and the obligations of registered agent.  Signature, hyard or oridinal name of implement agent and their applicable.  (NOTE Registered Agent, or both, in the State of Florida. I am lamifar with, and the obligations of registered agent.  Signature, hyard or oridinal name of implement agent and their applicable.  (NOTE Registered Agent alignature reasonable)  PILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Compaign Financing Trust Fund Contribution.  9. Election Compaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS III.  ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS III.  NAME BRYANT, CHARLOTTE Delate TILE NAME SIRER ADDRESS OTY-51-2P  TILE NAME SIR	City & State	9	City & State			,			_ <del></del>	plied For t Applicable
BRYANT, CHARLOTTE 400 INKWOOD LANE TALLAHASSEE, FL 32310  City FL Zip Code  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 farmiliar with, and the obligations of registered agent.  SIGNATURE  SUBMIT FEE IS \$150.00  Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MME SIRRET ADDRESS  CITY-51-2P  TALLAHASSEE, FL 32310  Delate  TITLE  MAKE SIRRET ADDRESS CITY-51-2P  TITLE  MAKE SIRRET ADDRESS CITY-51-2P  TITLE MAKE SIRRET	Zip	Country Zip Cour			try	5 Certificate of Status Posired S8.75 Additional				
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8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, howed at printed rame of registered agent and that registrated with the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, howed at printed rame of registered agent and that registrated with registered agent and that registered agent and that registered agent.  PALE  SIGNATURE	400 INKW	OOD LANE								
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SIGNATURE SIGNATURE AND TYPED OR HAINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  District Phone &	indicated of the cor changed,	on this report of sypplemental repo- poration or the redeiver or trustee er or on an attachment with an addres	t is true and accurate and that noward to execute this reports, with all other like empowered	my signa t as requi	ture shall have the ired by Chapter 60	e same legal effe 07, Florida Statut	ct as if made unde es; and that my na	ir oath; that I ai me appears in	m an officer Block 10 or	nformation or director Block 11 if

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