2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 17, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State		
1. Entity Nam	MENT # P0300012005	3				
Principal Place of Business - Mailing Address						
11825 XAVII PORT CHARL		11825 XAVIER AVE. Port Charlotte, FC 33981	 :	}		
				}	IN BROKK MAN KAND BRUM BRUM MENAL MENALAKAN BRUM BRUM EKKU CINER MINERI MIRRI MIRRI	
DO NOT WRITE IN THIS SPAC			CE	03092006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 20-0375154 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current Regis	itered Agent		<u></u> _		
DERAMO, CHRISTOPHER 11826 XAVIER AVE. PORT CHARLOTTE, FL 33981			DO NOT WRITE IN THIS SPACE			
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 (NOIE, 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.				.00 May Be led to Fees		
10.	OFFICERS AND DIREC	TURS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD DERAMO, CHRISTOPHER 11825 XAVIER AVE. PORT CHARLOTTE, FL 33981					
THILE MAME STREET ADDRESS CSTY-ST-ZIP	SD DERAMO, ANN 11825 XAVIER AVE. PORT CHARLOTTE, FL 33981	LI00800470795 83/28/06-80027-022 150.00 ⁻				
	ON CHARLOTTE, FL 33907		1			
name Street address City-St-Zip				DO	NOT WRITE	
TITLE NAME SIRELI ABDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE			•			
NAME CITY ET AUDOCCC			l			
STREET ADDRESS CITY-ST-ZIP						
TITLE S			l			
SIRELT ADDRESS						
CITY-ST-ZIP			ł			
12. I hereby of indicated of the corrections changed,	entify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empower or or on an attachment with an actifiess, with all	iling does not qualify for the exe and accurate and that my signal of to execute this report as requir of other like empowered.	mptions contained ure shall have the s red by Chapter 607	in Chapter 119 same legal effect , Florida Statute	9. Florida Stalutes. I further certify that the information of as if made under oath, that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	