

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90005 001 *****8.75

08-25-2006 90005 002 ***150.00

08-25-2006 90005 003 *****5.00

66043467



06082006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0496528

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FARQUAHARSON, JUNIOR ESQ.
5546 W OAKLAND PARK BLVD STE 220
LAUDERHILL, FL 33313

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JACKSON, CHRISTINE
STREET ADDRESS	2979 N DIXIE HWY #722
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	DP
NAME	FOSTER, KINGSLEY
STREET ADDRESS	1676 NE 32 ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	ST
NAME	FOSTER, ANDREW
STREET ADDRESS	1676 NE 32ND ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 trustee 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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

ATTACHMENT
66023467

RE: DOCUMENT # 003000129780

KINALLY CHANGE MAILING

ADDRESS TO: 1650 W OAKLAND PK BLVD
OAKLAND PK PMB 9147
FL 33311.

Sign: 
Kingsley Foster DA