

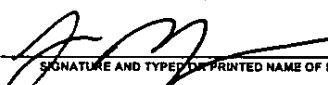


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90395 042 ***150.00

DOCUMENT # P03000135514 1. Entity Name YANUSZEWSKI CORPORATION					
Principal Place of Business 5866 LAMOYA AVE. JACKSONVILLE, FL 32210 US			Mailing Address 5866 LAMOYA AVE. JACKSONVILLE, FL 32210 US		
2. Principal Place of Business 5040 COLONIAL AVENUE Suite, Apt. #, etc.		3. Mailing Address 5040 COLONIAL AVENUE Suite, Apt. #, etc.			
City & State JACKSONVILLE FL Zip 32210		City & State JACKSONVILLE FL Zip 32210		4. FEI Number 54-2133731 Applied For <input type="checkbox"/> Not Applicable	
Country 32210		Country 32210		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YANUSZEWSKI, JOSEPH 5866 LAMOYA AVE. JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name YANUSZEWSKI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 5040 COLONIAL AVENUE City JACKSONVILLE FL Zip Code 32210	
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  Joseph Yanuszeewski 1/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANUSZEWSKI, JOSEPH 5866 LAMOYA AVE. JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/ST YANUSZEWSKI, JOSEPH 5040 COLONIAL AVENUE JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YANUSZEWSKI, JOSEPH 5866 LAMOYA AVE. JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YANUSZEWSKI, JOSEPH 5866 LAMOYA AVE. JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Joseph Yanuszeewski 1/16/06 904-553-554 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					