## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with appaddress, with all other like empowered

SIGNATURE: \_

C. JAMES MCCALL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 08, 2006 8:00 am Secretary of State DOCUMENT # P03000145239 05-08-2006 90284 043 \*\*\*150.00 C. JAMES MCCALL & ASSOCIATES, P.A. Principal Place of Business Mailing Address P.O. BOX 5010 P.O. BOX 5010 ELKTON FL 32033-5010 ELKTON FL 32033-5010 2. Principal Place of Business 7.0. Box 280 3. Maying Address P.O. box Zeo Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 92-0198302 ELKTON FL FLKTON FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCALL, C J 4333 ALTARA DRIVE Street Address (P.O. Box Number is Not Acceptable) SAINT AUGUSTINE FL 32086 City 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 familiar with, and accept the obligations of registered agent. 4,26.06 RESIDENT (NOTE: Registered Agent signature required when coinstainly) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME MCCALL, C J STREET ADDRESS P.O. BOX 5010 STREET ADDRESS CITY-ST-7/P ELKTON FL 32033-5010 CITY-ST-7/P Delete ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE HILE Addition STREET ADDRESS STREET ADDRESS C!IY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

PRESIDENT 4.26.06

FILED