2006 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Jan 20, 2006 08:00 AN Secretary of State			
Principal Place of Business Mailing Address 10822 CANDY LANE 10822 CANDY LANE NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34652							
DO NOT WRITE IN THIS SPACE				01092006 4. FEI Numb 59-254	No Chg-P	CR2E034	14121 - 400
LARSON, TERRANCE M 10822 CANDY LANE NEW PORT RICHEY, FL 34654			DO NOT WRITE IN THIS SPACE				
S. 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 bills if applicable. FILE NOW!!! FEE 15 \$150.00 Support of Printed Registered Agent signature required when relastating Support of Printed Registered Agent signature required when relastating) DATE FILE NOW!!! FEE 15 \$150.00 Support of Printed Registered Agent signature frequency and bills if applicable. Support of Printed Registered Agent signature required when relastating Support of Printed Registered Agent signature required when relastating DATE Support of Printed Registered Agent signature required agent and bills if applicable. Support of Printed Registered Agent signature required agent and bills if applicable. Support of Printed Registered Agent signature required Registered Agent signature required when relastating DATE Support of Printed Registered Agent signature required Registered Registered Agent signature required Registered Registered Agent signature required Registered R							illiar with, and accept
	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P LARSON, TERRANCE M 10822 CANDY LANE NEW PORT RICHEY, FL 34654				(J00000 /)1/25/06-	1393707 80032-(014 150.00
TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							
STREET ADDRESS CITY-ST-ZIP 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 recover 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 or changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Teres M. Torson TEREANCE M. LARSON 1-17-06 864-1113 SIGNATURE: Date Corporation of the resolution of Signing Officer or Director							