## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2006 08:00 AM Secretary of State

Secretary of State  1. Entry Notice  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  1. State Notice	ANNOAL REFORT				Sagratary of State	
DO NOT WRITE IN THIS SPACE    The above names greitly submits this statement for the purpose of changing to registered affice or registered agent.   This SPACE	1. Entity Name			Secretary of State		
DO NOT WRITE IN THIS SPACE    The Address of Current Registered Agent   Page	Principal Place	of Business	_		{	
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DO NOT WRITE IN THIS SPACE  4. Fig Number 19-1142128  5. Certificate of Status Desired 5. Certificate of Status Desired 6. Name and Address of Gurrent Registered Agent  MILLER, ALLEN 2037.A SARNO RD. MELBOURNE, FL 32935  DO NOT WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and eccept the outgations of registered agent.  SIGNATURE  THE NOWILL FEE 15 \$150.00 After May 1, 2006 Fee will be \$550.00  P. Election Campaign Financing That Fund Contribution.  DO NOT WRITE IN THIS SPACE  10. OF FICERS AND DIRECTORS  OTHER FORMS  OTH	PALM BAY, F	L 32907	MELBOURNE, FL 32904			
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19-1142126   Not Applicable   S. Certificate of Status Desired   \$8.75 Additional   Fee Required  6. Name and Address of Current Registered Agent  MILLER, ALLEN 2007-A SARNO RD. MELBOURNE, FL 32935  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida.  10. The North Address of Florida agent adverse were registered office or registered office or registered office or registered			•	•	01052008 No Chg-P CR2E034 (11/05)	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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	CITY-ST-ZIP	,		l .		
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