## 2006 FOR PROFIT CORPORATION

ANNUAL REPURI			FILED
DOCUMENT # P04000010047  1. Entity Name SOMERSET CORPORATION			Jan 31, 2006 08:00 AN Secretary of State
Principal Place of Business   Mailing Address   3168 WALTER TRAVIS DRIVE   3168 WALTER TR SARASOTA, FL 34240   SARASOTA, FL 3			IIK KIBIN BURNI BUNIN BUNIN BUNIN KANALINTA BUNIK BUNIN BURNI BUNIKUK IN INDI
DO NOT WRITE IN THIS	SPACE	01262006  4. FEI Number 91-1878  5. Certificate of	£0.75
6. Name and Address of Current Registered Agent WASSELL, JAMES T 3168 WALTER TRAVIS DRIVE SARASOTA, FL 34724-0			NOT WRITE HIS SPACE
8. The above named entity submits this statement for the purpose of change the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.	ing its registered office or regist		in the State of Florida. I am familiar with, and accept
I FIGE MONITY FEE 19 9.150.00 :	ampaign Financing \$: I Contribution.   Ac	5.00 May Be ided to Fees	//00000409696 2/08/06-80087-001 150.00
TITLE PD NAME WASSEL, JOY A STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 TITLE VD NAME WASSEL, JAMES T STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240  CITY-ST-ZIP SARASOTA, FL 34240			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Α		NOT WRITE HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	·		
STREET ADDRESS	ſ		

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 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

Date

Date

Daytime Phone #