## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AN
Secretary of State

|  | MINIOAL  |   | <del></del>                 | _                        |                              |   |  |
|--|--|---|-----------------------------|--------------------------|------------------------------|---|--|
| 1. Entity Nam  | WENT # P040000239  | 905   |                             |                          |                              | SCCI  | etary of S                               |
| Principal Place<br>1516 STATE<br>UNT BC<br>HOLLYHILL,  | AVE  | Mailing Address 120 SEMNOLE AVE CRADNO BESON, FL. 32176                               |                             | E 3000 (1000)            | com odki odki dim C          | <b></b>   | (8 18 III 6 8818 8818 II 1881 II 1881 I  |
|  |  |   |                             | 07022006                 | No Chg-P                     | inii Aksid ilkan sil                                  | 94 (11/05)                               |
| D  | O NOT WRITE  | IN THIS SPA   | CE                          | 4. FEI Numb<br>20-074    | er<br>2749                   |   | Applied For Not Applicable               |
| 1 w 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | - makes and appropriate and ap | ه ۱۱۰۰ میشمیهای سده را دست میچند میشده استفهار اید                                    |                             | 5. Cērtificate           | of Status Desired            |   | 8.75 Additional<br>ee Required           |
| GREGOR,<br>120 SEMII<br>ORMOND   |  |   |                             |                          | NOT W                        |   |  |
| 8. The above   | named entity submits this statement for  | the purpose of changing its regist  | ered office or registe      | sion agon, or w          |                              |   |  |
| the obligate of SIGNATURE.   | named entity submits this statement for ions of registered agent.  Procedure Color Strakes, typed or printed name of registered agent at the NOWILLE NOWILLE IS \$150.00 ue by September 6, 2006   | =60P  | end Agerx algorithm require |                          | 7. g                         | DATE 2 With s. 607.                                   | _  |
| the obligate of SIGNATURE.   | ions of registered agent.  PUDOLF GIVE  Signature, typed or printed name of registered agent at  LE NOW!!! FEE IS \$150.00  ue by September 6, 2006  OFFICERS AND I  | nd (the II applicable (NOTE: Regist  9. Election Campaign Fir  Trust Fund Contributio | end Agerx algorithm require | ed when reinstating)     | 7. g                         | DATE 2 With s. 607.                                   | 193(2)(b), F.S., the                     |
| the obligate of SIGNATURE.   | ions of registered agent.  PUDOLF GM  Signature, typed or printed name of registered agent as  LE NOWILI FEE IS \$150.00  ue by September 6, 2006  | nd (the II applicable (NOTE: Regist  9. Election Campaign Fir  Trust Fund Contributio | end Agerx algorithm require | ed when reinstating)     | 1. Z                         | DATE  a with s. 607.  d not receive                   | 193(2)(b), F.S., the                     |
| THE OBLIGATION OF THE PROPERTY | ions of registered agent.  PUDOLF GLAB Signature, typed or printed name of registered agent at  LE NOWILI FEE IS \$150.00  ue by September 6, 2006  OFFICERS AND I  PST GREGOR, RUDOLF 120 SEMINOLE AVE  | nd (the II applicable (NOTE: Regist  9. Election Campaign Fir  Trust Fund Contributio | end Agerx algorithm require | ed when reinstating)     | 1. Z                         | DATE  a with s. 607.  d not receive                   | 193(2)(b), F.S., the athe prior notice.  |
| SIGNATURE.  FILE  10.  TITLE  NAME  STREET ADDRESS  CTY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | ions of registered agent.  PUDOLF GLAB Signature, typed or printed name of registered agent at  LE NOWILI FEE IS \$150.00  ue by September 6, 2006  OFFICERS AND I  PST GREGOR, RUDOLF 120 SEMINOLE AVE  | nd (the II applicable (NOTE: Regist  9. Election Campaign Fir  Trust Fund Contributio | end Agerx algorithm require | 5.00 May Be ided to Fees | In accordance corporation di | DATE  a with s. 607. Id not receive  0005683. 06-8000 | 193(2)(b), F.S., the other prior notice. |
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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:

\*\*The Common Supplemental report is true and accurate and that my 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:\*\* The Common Supplemental report is true and accurate 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:\*\* The Common Supplemental report is true and accurate and that my name 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 the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name under oath; that I am an officer or director of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the cor