
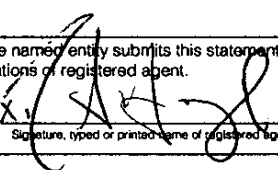



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90433 002 ***150.00

DOCUMENT # P04000025214 1. Entity Name SOMETHING LIKE SIMON, INC.					
Principal Place of Business 5251 POMPANO ROAD VENICE, FL 34293			Mailing Address 5251 POMPANO ROAD VENICE, FL 34293		
2. Principal Place of Business 2693 Lemley Rd Suite, Apt. #, etc.		3. Mailing Address 2693 Lemley Rd Suite, Apt. #, etc.			
City & State North Port FL		City & State North Port FL		4. FEI Number 80-0099297	
Zip 34287		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIRTZEL, ROBERT 5251 POMPANO ROAD VENICE, FL 34293			7. Name and Address of New Registered Agent Name: Hirtzel, Robert Street Address (P.O. Box Number is Not Acceptable): 4554 Clarke St City: North Port FL Zip Code: 34286		
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. SIGNATURE:  DATE: 4-18-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRTZEL, ROBERT 5251 POMPANO ROAD VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hirtzel, Robert 4554 Clarke St North Port FL 34286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJEAN, EMMETT R III 1519 41 AVE DR E ELLENTON, FL 34222	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIPPLE, ROBERT G 1000 LONGFELLOW BLVD LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLAND, ALEX 227 W MIAMI AVE APT 2 VENICE, FL 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guimont, Daniel 3249 Kingswood Dr Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-18-06 941-468-4266 <small>Date Daytime Phone #</small>		