## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 12, 2006 08:00 AM

		THE PERSON AND IN COLUMN TWO IS NOT THE OWNER.		-			OOTOO I KIN
1. Entity Nam	MENT # P04000 RTERRORISM TECHN		Secretary of State				
•	te of Business TUTTLE AVENUE FL 34237	Mailing Address ONE NORTH TUTTLE AVE SARASOTA, FL 34237	ENUE				
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				D3292006 No Chg-P CR2E034 (11/05)  4. FEI Number			
ONE NOR	NG, ROBERT W ESQ. TH TUTTLE AVENUE TA, FL 34237		DO NOT WRITE IN THIS SPACE				
The above     the obligat     SIGNATURE	tions of registered agent.	ent for the ourpose of changing its re			oth, in the State of Fic		llar with, and accept
FIL After M	Signature, typed or printed name of registros E NOWIII FEE IS \$150.0 ay 1, 2006 Fee will be \$1	9. Election Campaign		.00 May Be		DATE	
10. MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D,S BROWNING, JR., ROBERT ONE NORTH TUTTLE AVE SARASOTA, FL 34237			<u> </u>	U00 04/26/	)0005040 /06-8065	52 6-013 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							
NAME STREET ADDRESS							

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 supplemental report is true and securate and that my signature shall have the same legal effect as if made under cath; 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:

### Company of 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 and indicated and in Chapter 119, Florida Statutes. I further certify that the information indicated and indicated and

SIGNATURE: \_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #