## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CSTY-ST-ZSP

SIGNATURE:

## Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P04000031740 T. M. WIBLE AND ASSOCIATES, INC. Principal Place of Business Mailing Address 1407 BETA COURT NORTH 1407 BETA COURT NORTH WEST PALM BEACH, FL 33406 -WEST PALM BEACH, FL 33406 US 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2457846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIBLE, THERESA M DO NOT WRITE 1407 BETA COURT NORTH WEST PALM BEACH, FL 33406 IN THIS SPACE 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 Fiorida. ) am familiar with, and accept the obligations of registered agent. Signature Typed or printed reme of registered agent and title if applicable (NOTE, Registered Agent startature regulared when reinstating) DATE U00000494776 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 04/20/06-98059-008 150.00 OFFICERS AND DIRECTORS 10. 7373 F WIBLE, THERESA M NAME STREET ADDRESS 1407 BETA COURT NORTH CITY-ST-ZIP WEST PALM BEACH, FL 33406 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADORESS DO NOT WRITE CKTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZOP TOTALE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, was all otherwise empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa Marie Wible 4/4/20 561-371-1429

FILED