## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2006 8:00 am Secretary of State

DOCUMENT # P0400061392	ANNVAL REFORI						Secretary or State				
1200 STRILING ROAD	1. Entity Name					•					
#55.8 B	Principal Plac	e of Business	Mailing Address	Mailing Address							
2. Principal Place of Business   3. Mailing Address   5. Wile. Apt. #. etc.   01192008   Chg.P   CR2E034 (11/05)	1200 STIRLING ROAD		1200 STIRLING ROAD								
Suite, Apt. 1, etc.  City & State  City & State  Country  Country  City & State  Country  Cou											
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 6, etc.   Applied for 20-1017289	DANIA, FL 3	3004	DANIA, FL 33004				AGIN ATAN ABIIK DANT AT			III ST IT IEEL	
City & State    City & State   City	2. Principal Place of Business		3. Mailing Address								
Zountry   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   St. Certificate of Satus Desired   St. 75 Additional Fee Required   St. Name and Address of Current Registered Agent   Name and Address of New Registered Agent   St. Name and Address   St. Name and Address of New Registered Agent   St. Name and Address	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192006	Chg-P	CR2E	)34 (11/05)		
E. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Streat Address (P.O. Box Number is Not Acceptable)  Fig. 2p Code  City FL 2p Code  City Separation for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fismiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWIII FEE 18 \$150.00  After May 1, 2006 Fee will be \$550.00  Per Registered Provided	City & Stat	9	City & State						<del></del>	·	
S. Certificate of Status Desired   Fee Required	7in Country		Zio Coun		try	_ \$9.75 ALL					
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)					,	5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered	Agent		
Street Address (P.O. Box Number is Not Acceptable)					Name						
### City   FL   Zip Code    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 dentity 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 dentity. The purpose of the professional of repotence agent and set if applicable.    City   FLE   Zip Code				Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	<b>)</b>	, ,									
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature											
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. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	,			City			FL	Zip Code	8		
SIGNATURE    Signature   Signa	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. 1 am familiar with, and accept									and accept	
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### FILE NOW!!I FEE IS \$150.00 ### Added to Fees	SIGNATURE.	Signature, typed or printed name of registered agent a	d Agent signature require	d when reinstating)	·····	DATE					
After May 1, 2006 Fee will be \$50.00  Trust Fund Contribution.  10.											
10.	FIL Affor M	E NOW!!! FEE IS \$150.00	ncing \$5	.00 May Be							
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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