FILED Jul 14, 2006 8:00 am Secretary of State

	ANNUAL REPORT	•
DOC	UMENT # P04000072625	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SILVING OFFICER OR DIRECTOR

DOCUMENT # P04000072625 1. Entity Name LAW OFFICES OF JASON R. MAUGHAN, P.A.							07-14-2006 90026 040 ***150.00					
Principal Place of Business Ma			Mailino Address	Mailing Address								
1101 PERIWINKLE WAY			_	1101 PERIWINKLE WAY								
SUITE 102			SUITE 102									
			SANIBEL, FL :	SANIBEL, FL 33957								
				, , , , , , , , , , , , , , , , , , ,								
2. Principal Place of Business 3		3. Mailing Addre	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, 6	Suite, Apt. #, etc.			07052006	Chg-P	CR2E034 (1	7/05)	•	
City & State			City & State				4. FEI Numbe 20-1085				plied For Applicable	
Zip		Country	Zip	Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
6. Name and Address of Current Regi			Registered Agent	istered Agent			7. Name and Address of New Registered Agent					
			3.0.0.0.0.0		Náme							
CORPORA	ATE CREATI	ONS NETWORK I	NC.									
11380 PRO	OSPERITY F	ARMS ROAD #22	1E		Street Ac	dress (i	P.O. Box Numbe	r is Not Acceptable	e)			
PALM BEA	ACH GARDE	NS, FL 33410						-				
	•											
					City				FL Zi	p Code	·	
8. The above	named entity si	ubmits this statement fo	r the purpose of cha	ed office or	register	ed agent, or both	n in the State of Fig	orida. Lam familia	r with, a	and accept		
	ions of registere											
SIGNATURE_	Signature, typed or p	rinted name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signatu	re required	when reinstating)		DATE			
										,		
FILE NOW!!! FEE IS \$150.00 9. Election Campa Due by September 6, 2006 Trust Fund Cont				in Campaign Finar fund Contribution.			00 May Be ed to Fees	In accordance of corporation did	with s. 607.193(not receive the	2)(b), f prior n	S., the otice.	
10.		OFFICERS AND	DIRECTORS	11.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D		□ p	eiete TITC:	E	D			<u> </u>	_	Addition	
NAME	MAUGHAN, JASON R				ΙE	MAUG	a.\a\\ \A<0AL&					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			STRE			, PERIWINKLE WAY, SUITE 102					
CITY-ST-ZIP	FORT MYER	FORT MYERS, FL 33908					NIBEL, FL33957					
TIFLE			0	elete TITL	E .					hange	Addition	
NAME	NAI											
STREET ADDRESS		STE										
CITY-ST-ZIP		CIT										
TITLE			□ D	elete IIIL	E					hange	Addition	
NAME				NAM	1E							
STREET ADDRESS				•	EET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE	ì		□ D						□ C	hange	Addition	
NAME				NAM	_						!	
STREET ADDRESS				•	LET ADDRESS							
Cify-ST-ZIP					'-ST-ZIP							
TITLE			. 🗆 D						1 0	hange	Addition	
NAME STREET ADDRESS				NAM	EET ADORESS							
CITY-ST-ZIP					-ST-ZIP							
<u> </u>	1							· · · · · · · · · · · · · · · · · · ·		hear-	□ Addabata c	
I TITLE NAME				elete TITL	_					hange	■ Addition	
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP				•	-ST-ZIP						j	
i		devention of the Property	this filing 'd			noto:	Nia Charter 110	Florida Ctatuta	I further englis sta	u tha !-	darmatics	
indicated of the cor	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 too 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 truste 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 any powered.											
changed	, or on an attact	iriigiit with an audress.	were the control of t	POWEIGO.								