2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 08:00 AM Secretary of State

> 386-612-5457 Daylure Phone 1

				7	Secre	tary or State	
1. Entity Nam	MENT # P0400008648					-	
Principal Place of Business Mailing Address 115 COUNTRY CLUB DRIVE 115 COUNTRY CLUB DRIVE ORMOND BEACH, FL 32176-5415 US ORMOND BEACH, FL 32176-5			5415 US				
DO NOT WRITE IN THIS SPAC				### D1182006 No Chg-P CR2E034 (11/05) 4. FEI Number			
115 COUN	6. Name and Address of Current Regis RICHARD B ITRY CLUB DRIVE BEACH, FL 32176-5415	tered Agent			NOT W THIS SF		
8. The above the obligat SIGNATURE	named emity submits this statement for the clions of registered agent.	must	ed office or register		ith, in the State of Flo	orida. I am lamiliar with, and soci	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10. INLE NAME SIRFET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECTED TRUITT, RICHARD B 115 COUNTRY CLUB DRIVE ORMOND BEACH, FL 321765415	crons			ນຄົນຄົນ 03/28/06	04/0214 -80005-003 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	TRUITT, DORIS I 115 COUNTRY CLUB DRIVE ORMOND BEACH, FL 321765415	·					
NAME STALET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	this si	ACE	
HILE MAME SINEET ADDRESS GITY-ST-ZIP	;						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12, I hereby indicated of the corchanged.	certify that the information supplied with this is on this report or supplemental report is true reportation or the receiver or trustee empowere, or on an attachment with an address, with a	illing does not qualify for the ex and accurate and that my signs of to execute this report as requ if other like empowered.	temptions contained ature shall have the dired by Chapter 60	d in Chapter 11 same legal elle 7, Florida Statuti	Ponda Statutes of the sit made under es; and that my name.	further certily that the informati cath; that I am an officer or direct to appears in Block 10 or Block	

Rushal B, Tarent STORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _