## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 06, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P04000087311 CLAIRE COLLINS PA Principal Place of Business Malling Address 1311 SW 3RD STREET 1311 SW 3RD STREET **BOCA RATON, FL 33486 BOCA RATON, FL 33486** No Chg-P CR2E034 (11/05) 01222005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1184707 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLINS, CLAIRE DO NOT WRITE 1311 SW 3RD STREET BOCA RATON, FL 33486 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 8. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COLLINS, CLAIRE NAME STREET ADDRESS 1311 SW 3RD STREET CITY-ST-ZIP BOCA RATON, FL 33486 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET AUDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ABORESS CITY-ST-ZIP TITLE NAME

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 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 attacting if with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Destine Phone 9

**FILED**