2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2006 08:00 AM Secretary of State DOCUMENT # P04000090157 THOMAS J. HUNT, P.A. Principal Place of Business Mailing Address 28507 LA PLUMA WAY 28507 LA PLUMA WAY BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 02232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1254488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUNT, THOMAS J MR DO NOT WRITE 28507 LA PLUMA WAY BONITA SPRINGS, FL 34135 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 famillar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. MR TITLE NAME HUNT, THOMAS J MR 28507 LA PLUMA WAY STREET ADDRESS U00000460315 03/20/06-80005-807 150.00 CITY-ST-ZIP BONITA SPRINGS, FL 34135 MALE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CUY-ST-7/P DILE IN THIS SPACE 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

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

NAME STREET ADDRESS CITY-ST-ZIP

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED